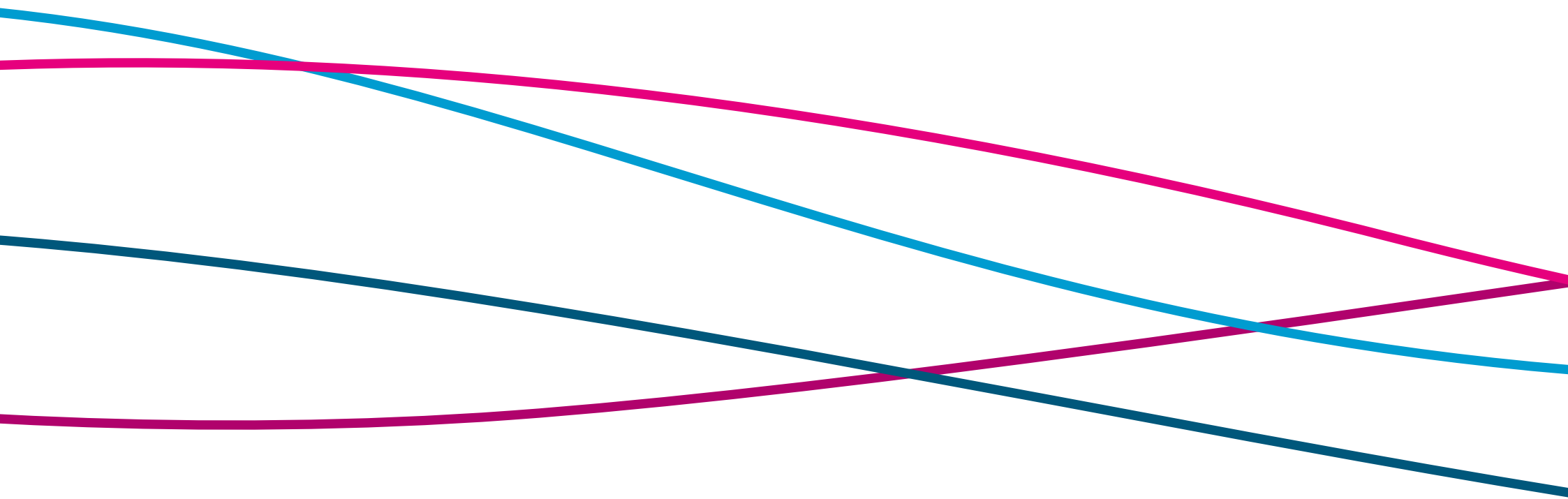


Our communities at the heart of improving wellbeing





Foreword



Welcome to the 2016/17 Annual Public Health Report for Telford & Wrekin. Last year I focussed my report on encouraging all of us to age well – taking steps in our mid and later years to improve our health and wellbeing. For me, I continue to try to be more

active and my new dog has certainly kept my ‘step count’ up and also helped me get outdoors and keep up with my neighbours and what’s going on in my neighbourhood.

I am a passionate advocate for how people and communities can take steps to improve their own and other people's health and wellbeing – family, friends, neighbours, colleagues all are key influences on our wellbeing at every stage of our lives! When people are connected and contributing to their communities, both communities and individuals become stronger and more resilient leading to improved wellbeing. This year I have chosen the theme for my report of developing more community-centred approaches to improving health and wellbeing. These types of approaches try to harness the powerful influence people can play in improving their own and other people's wellbeing.

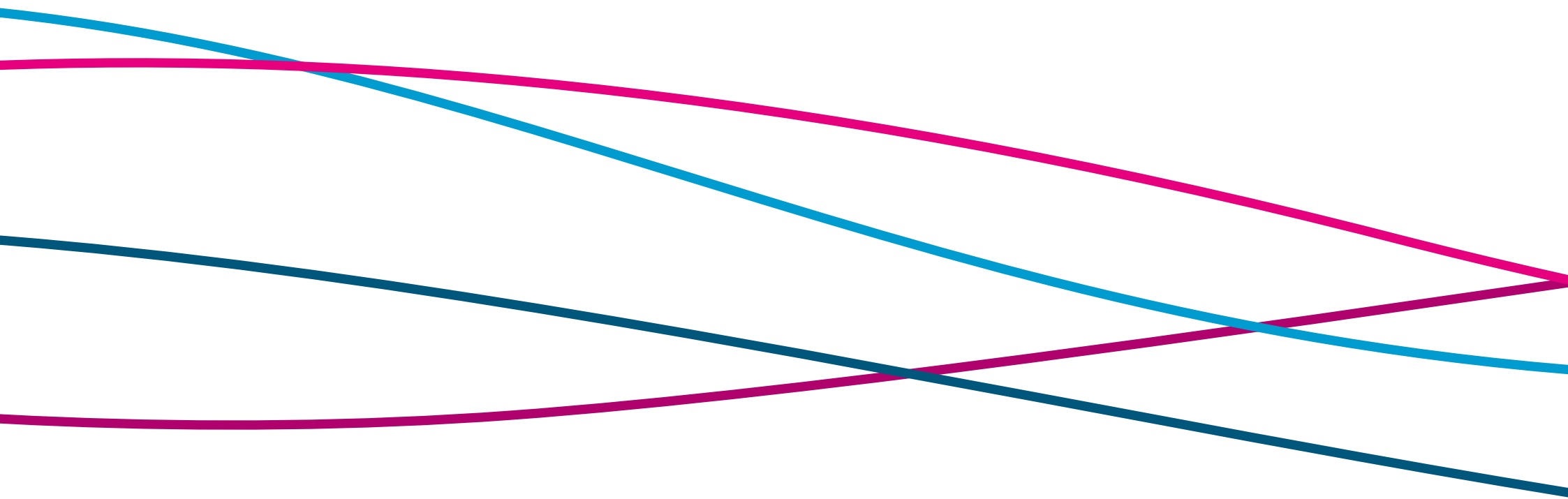
There is a real ambition amongst health and wellbeing board partners to make this a reality in all of our communities – through encouraging more resilient communities, developing more volunteer or peer-led roles, connecting people with other people or activities that help them live well and bringing it together through collaborative working with a full range of partners.

Making this ambition a reality takes time and commitment, but there are already many local examples of where these types of approaches are already being taken in Telford and Wrekin. There is nothing like real examples to bring this to life, especially directly from those involved through video stories. We have showcased some of these in this report and I am grateful to all those who agreed to tell us what they are doing, from the Newport Men's Shed to Randlay Colts Girls Football Club. However, I know for every example in this report – there are lots more equally valued examples we could have included – which I would also like to acknowledge. Some of the examples are well-established whilst others are just starting out and that's also important to recognise – we are trying to step up and encourage more, but we need to learn from each other as we go and celebrate what's happening in Telford & Wrekin.

I am delighted to have produced this Annual Public Health Report and would like to thank all those involved in its production. I hope the stories we captured show how communities are taking control and connecting with others to improve their own wellbeing. I am sure this will be an encouragement to others to see how they can make a difference to the quality of life of their friends, families and neighbours.

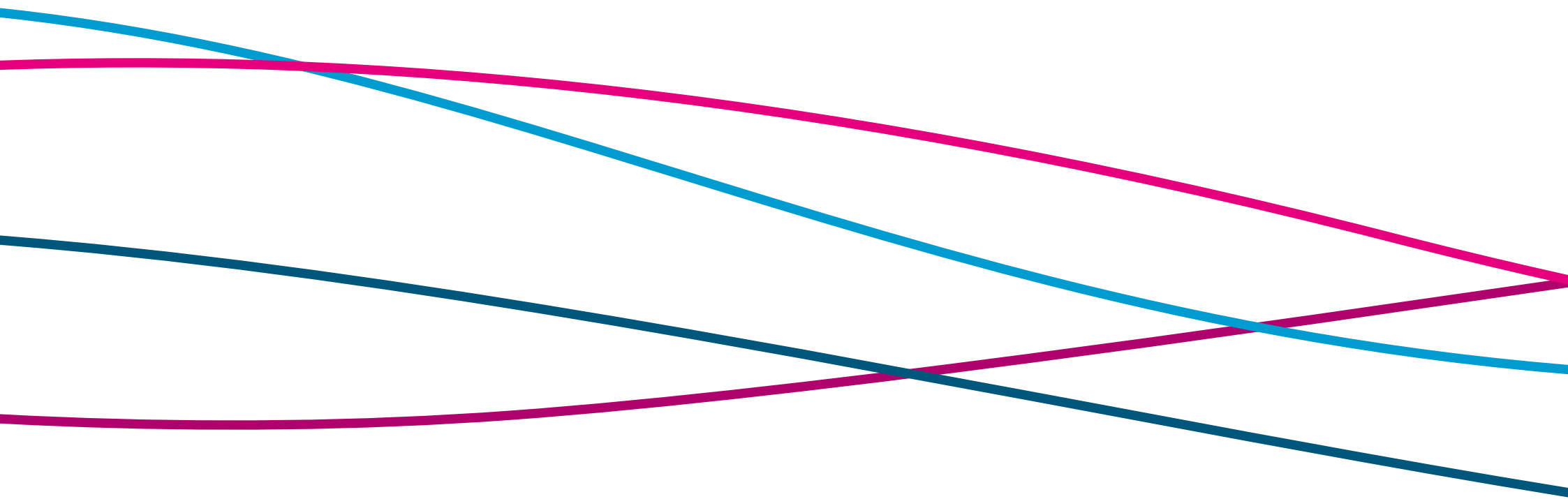
Liz Noakes

Statutory Director of Public Health
Telford & Wrekin Council



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The Think Local Act Personal Care and Support Jargon Buster has been used throughout the report to describe common terminology. The Care and Support Jargon buster is copyright of Think Local Act Personal (TLAP). For further details go to:

<http://www.thinklocalactpersonal.org.uk/Browse/Informationandadvice/CareandSupportJargonBuster/>

Section 1

Doing things differently - the Case for Change

The Telford & Wrekin Health & Wellbeing Board's Strategy 2016-2019¹ recognises that our population is set to grow and age and become more diverse. Health and wellbeing partners are stepping up to ensure that future generations will live healthier lives for longer. To do this requires the approach taken by professionals and services to become more holistic, considering people's physical, mental and social needs in the round. This type of approach can improve health and wellbeing outcomes for everybody in Telford & Wrekin, particularly those adults and children with complex and multiple needs and those who are most disadvantaged.

It is well acknowledged that when people are connected and contributing to their communities, both community and individuals become stronger and more resilient leading to better outcomes. Everyday, across all our communities, people support and care for their neighbours, friends and family members who have health and care needs. This often makes a significant, positive impact on people's health and wellbeing, including supporting them to retain their independence and reducing loneliness too. One of the priorities of the Health & Wellbeing Strategy is to strengthen our communities and community-based support. The principle here is to build on and nurture the current strengths and assets within our communities so that people improve their own and each other's wellbeing.

The local strategy for the NHS - the Shropshire and Telford & Wrekin Sustainability and Transformation Plan² also includes an ambition to develop a community-centred approach across local neighbourhoods. The plan aims to build social capital and improve community wellbeing so people have the knowledge and skills to help them to live healthier and happier lives.

There is a wealth of evidence which clearly demonstrates that communities can improve health and wellbeing and reduce health inequalities. Connected and empowered communities can be more: confident, inclusive, organised, co-operative and influential. Further, it is well recognised that communities which are connected and empowered are often the healthiest³.

the chance to be involved in the work of the Health and Wellbeing Board through Healthwatch Telford & Wrekin.
www.healthwatchtelfordandwrekin.co.uk

??? Jargon Buster

What we mean by... **social capital**

The connections that are made between people who live in the same area or are part of the same community, and who are able to do things with and for each other. Strong neighbourhoods, clubs and groups help create a sense of community, enabling people to trust each other, work together and look out for each other.

??? Jargon Buster

What we mean by... **the health and wellbeing board**

Every council area in England has a health and wellbeing board to bring together local GPs, councillors and managers from the NHS and the council. Their job is to plan, through their health and wellbeing strategy, how to improve people's health and make health and social care services better in their area. Members of the public have



Jargon Buster

What we mean by... community wellbeing

An approach that looks at the health and wellbeing of the whole community, focusing on a wide range of things that can affect how people feel. This approach recognises that being well is about more than just not being ill: social and emotional factors are important too.

Jargon Buster

What we mean by... health inequalities

Health differences between people or groups due to social, geographical, biological or other factors, for example gender, ethnicity or social disadvantage. Health inequalities have a huge impact, because they often result in people who are worst off experiencing poorer health and shorter lives⁴.

Jargon Buster

What we mean by... community assets-based approaches

A way of helping people by looking at what they have, rather than what they lack. Community asset approaches help people make use of their existing skills, knowledge and relationships and by promoting what is good about a community rather than focusing on problems.

Section 2

Making it real – our local commitment and ambition

Health and wellbeing partners in Telford & Wrekin have clear ambition and commitment to adopt more community and person-centred approaches. The Council and the NHS Clinical Commissioning Group, as commissioners of health and wellbeing services have major plans to ensure these approaches are developed more systematically and at scale.

The Council's Vision for Telford & Wrekin - Being the Change, sets out the principles to ensure that local authority services transform and improve outcomes for individuals, their families and communities, despite the challenging financial position. Building community capacity to improve outcomes and address demand on public services is a key principle which runs throughout Being the Change. As such a commitment to facilitate stronger communities underpins the Council's restructuring programme, in particular the transformation of the Early Help and Support Service and the Community Participation Team.

The Council's Early Help and Support Service, is transforming into an all age service, to work alongside other partners and community members, immersed in communities to support adults, children and families. The service will effectively target support to the most complex families, whilst strengthening early help prevention work to ensure people are supported to get the

“Right Help at the Right Time”. The expectation is that more local people will be supported to live active healthy independent lifestyles by utilising their own networks and community assets.

The new service is clearly demonstrating transformation into a more community-centred approach through the following priorities:

- Promotion of volunteering and seeking of community-based solutions
- Development and maximising the assets available within communities
- Development of self-help systems, so residents do more to help themselves and others
- Sustaining independence, using an asset-based approach to meeting the needs of older people and growing more informal social care arrangements

The Council's Community Participation Team is working directly with communities, as part of the Council's vision, to build community capacity and support Elected Members as community leaders. The team will coordinate community capacity building activity across the Council, supporting work on consultation, equality and volunteering.

To build community capacity, the Community Participation Team will provide advice and support to develop community projects, establish a wide range of community-based organisations, facilitating community self-help and support the development of alternative service provision. It is expected that the team's work will enhance co-production of Council services with residents and also strongly encourage volunteering. A key role for the team is to ensure that local voluntary and community sector organisations have access to information and resources to enable them to secure external funding.

The Shropshire and Telford & Wrekin NHS Sustainability and Transformation Plan, the strategy for our local NHS, prioritises a community-centred approach through a neighbourhood working model⁵. This aligns to the NHS Telford & Wrekin Clinical Commissioning Group's Model of Health and Care, which puts patients at the centre of their treatment and care, underpinned by community resilience.

NHS Telford & Wrekin Model of Care

Community Resilience - Changing the Dynamic

- Traditional models of statutory services are no longer fit for purpose: They promote dependence, they are expensive and outcomes could be better
- There is a strong and growing evidence base about the importance of building confident and connected communities in improving outcomes for people
- Individuals benefit from contributing to the wellbeing of others
- A growing proportion of the population are suffering from problems associated with *preventable* disease
- Needs escalate and people's health and wellbeing deteriorate because they don't have enough support in the community
- People depend on services because there have very limited alternatives in their own communities



Neighbourhood working is at the heart of the Shropshire and Telford & Wrekin NHS Sustainability and Transformation Plan. Through the collaborative leadership of the Clinical Commissioning Group and Council, key partners are working with communities to ensure the health of our population improves. Our shared vision for neighbourhood working focuses on community-centred approaches to: build resilience, develop integrated neighbourhood-based teams and offer some specialities that do not need to be delivered from a hospital building. This approach makes it possible to know and use the local resources, build and support formal and informal networks and initiate prevention activities to enhance health and wellbeing.

??? Jargon Buster

What we mean by... The NHS Sustainability and Transformation Plan

The Five Year Forward View⁶ is the national vision and strategy for the NHS which describes the opportunities and challenges facing the NHS. All areas across the country have been developing their local five-year Sustainability and Transformation Plans to describe their overall approach to achieving an improved and more sustainable health and care system in line with this Five Year Forward View.

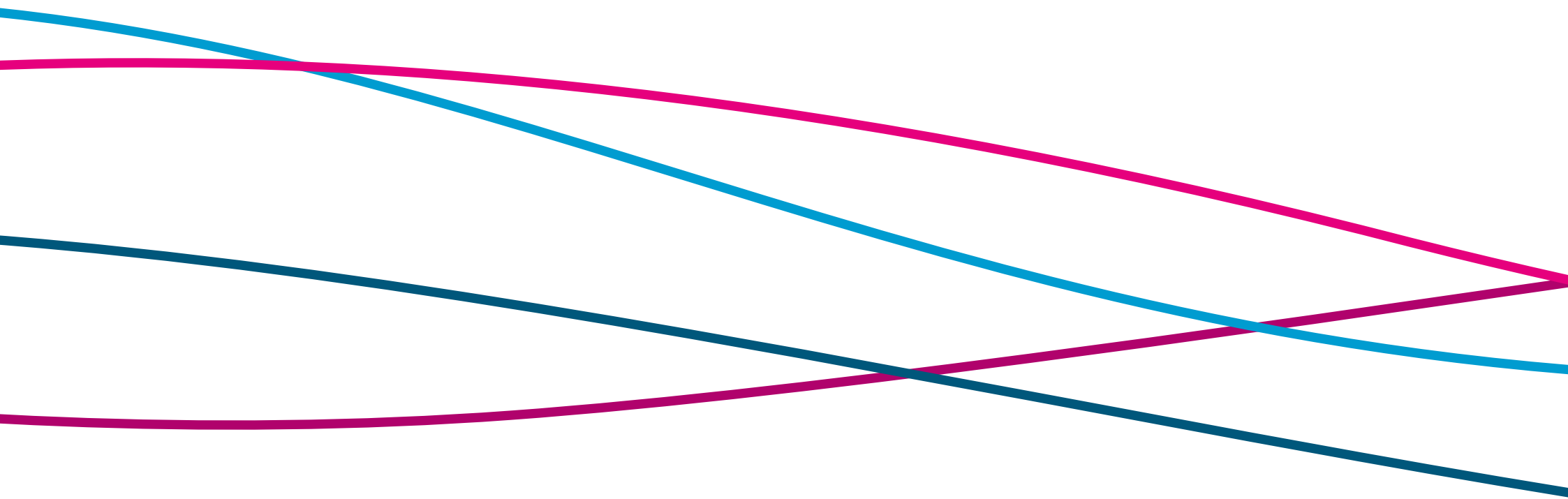
??? Jargon Buster

What we mean by... NHS Clinical Commissioning Group

CCGs are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

www.telfordccg.nhs.uk





Section 3

What are community-centred approaches to health and wellbeing?

The term “family” is used to describe community-centred approaches⁷, which can be diverse and wide ranging models, methods and interventions used to improve health and wellbeing and address the social determinants of health. The family reference is meaningful as it helps reflect the importance of relationships and connections between people, professionals, services and interventions, for example individual’s treatment, care or behaviour change.

Community-centred approaches seek to...

- recognise and mobilise local community assets, including the skills, knowledge and time of individuals, and the resources of community organisations and groups
- focus on promoting health and wellbeing in community settings, rather than service settings using non-clinical methods
- promote equity in health and healthcare by working in partnership with individuals and groups that face barriers to good health
- seek to increase people’s control over their health and lives
- use participatory methods to facilitate the active involvement of members of the public

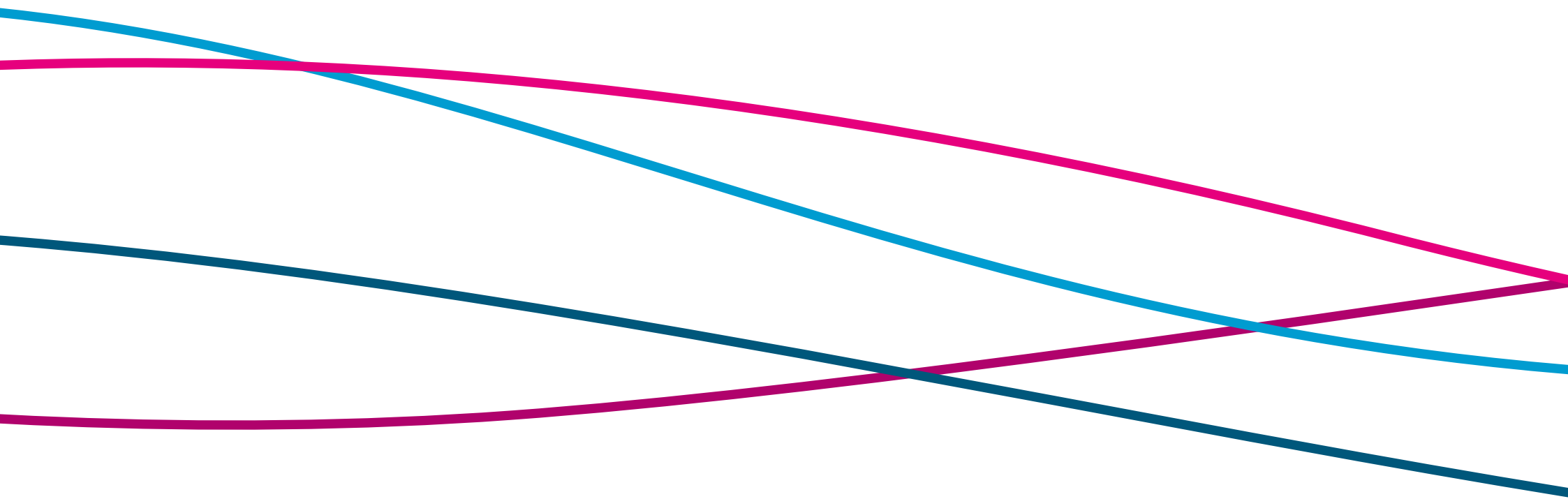
The four strands of the community-centered approaches⁷ family are

- **strengthening communities** – building community capacity to take action on health and the social determinants of health
- **volunteer and peer roles** – enhancing individuals capabilities to provide advice, information and support or organise activities around health and wellbeing in their communities

- **collaborations and partnerships** – working in partnership with communities to design and/or deliver services and programmes
- **access to community resources** – connecting people to community resources, information and social activities

The next four sections of the report describe what we know is effective to support and deliver community-centred activities across this family of approaches. Alongside this we look at local examples and video cases studies of groups, projects and programmes which are already thriving or in development in Telford & Wrekin.





Section 4

Facilitating Stronger Communities

This group of approaches aim to draw on and strengthen community capacity, supporting and encouraging collective action, which impacts on health or the social determinants of health. The concepts here involve empowering communities by building social cohesion, supporting community development and using social network and asset-based approaches.

What works?

There is good evidence of factors which have been shown to be key in strengthening communities⁸, these include:

- ✓ Using established communities, networks and venues as the existing enthusiasm, familiarity and trust enables people to engage in new initiatives more easily
- ✓ Professionals having a positive attitude and respect of the community's knowledge of their own experience and issues, their expertise and the ability to devise solutions
- ✓ Commitment and involvement from key respected people and organisations to provide expertise, support, endorsement
- ✓ Recruiting or identifying the right people for the right roles

- ✓ Spending time developing projects and ensuring flexibility so relationships and links to existing networks and activities are convenient
- ✓ Communities having a sense of ownership of the projects
- ✓ Cultural adaptation of training and resources to suit the community needs
- ✓ Good communication in terms of inviting people to take part, ensuring that meetings and activities are advertised and promoted to all the right people
- ✓ Working in partnership with other local organisations
- ✓ Having sufficient funding and support in applying for funding
- ✓ Professionals providing feedback and respond rapidly on "quick wins" to show they have listened to community members

Despite the evidence for these factors it is important to avoid any pitfalls to ensure community development approaches are meaningful and effective. For example a lack of funding and complicated application processes can limit engagement, as can the lack of childcare facilities or adequate and culturally-sensitive advertisement of opportunities to get involved. The support and commitment from professionals is important too so that leadership and direction is offered appropriately.



Jargon Buster

What we mean by... co-production

When individuals are involved as equal partners in designing the support and services. Co-production recognises that people who use health and care services (and their families) have knowledge and experience that can be used to help make services better, not only for themselves but for other people who need those services.

Local examples

The following examples demonstrate local activities in place which are facilitating stronger communities.

Neighbourhood Working

Each emerging neighbourhood group in Telford & Wrekin includes a group of GP practices each working with their community to design and deliver solutions to their own specific needs. This includes closer working with existing social assets through voluntary and community groups who are well placed to work with groups of practices to help deliver: community activities, self-care and peer support groups. Each neighbourhood will offer health promotion programmes and access to telehealth tools to help promote healthy lifestyles and self-care for people with long term conditions.

Telford After Care Team

TACT is an impressive local example of the power that volunteers and peers, as experts through their lived experiences, have had in strengthening our recovery community in Telford & Wrekin. TACT was started in 2012 as a “one man band” by Rob Eyers who wanted to give back and support others, as part of his own recovery from drug and alcohol misuse. TACT firmly believes that people can go on to lead a productive and fulfilling life in the community following addiction and that mutual aid is crucial. This peer-led support service, which is now established as a Community Interest Company, has helped countless people by empowering them to continue their recovery after their substance use. In the past five years the team has grown from helping a handful of individuals to coordinating 25 trained peer volunteers who currently support on average 300 people per month on their recovery journeys.

TACT is commissioned by the Council, to provide recovery peer support and service user engagement insight. TACT has won several awards for their work and in 2017 they will be developing the Borough’s first Recovery Hub in Wellington Telford, following the award of a substantial capital grant from Public Health England.

email: info@tacteam.org.uk

www.tacteam.org.uk

www.facebook.com/telfordact



Men's Sheds

Men's Shed in Newport is a place where men (usually older, but not restricted to this group) can meet like minded people and work on their own project, get involved in a community project and help pass on or learn practical skills that they may have. At the same time they are making friends and enjoying one another's company in a safe and pleasant environment. Participants are able to work on something at their own pace with no pressures or to simply to be there to drink tea and talk. The health benefits of Men's Sheds are notable with the men who become involved acknowledging it has made a big contribution to their sense of good health and wellbeing.

For further information contact:

email: meninshedsshrops@btinternet.com

www.misis.org.uk



Click image to watch video
Newport Men's Shed

Let's Grow

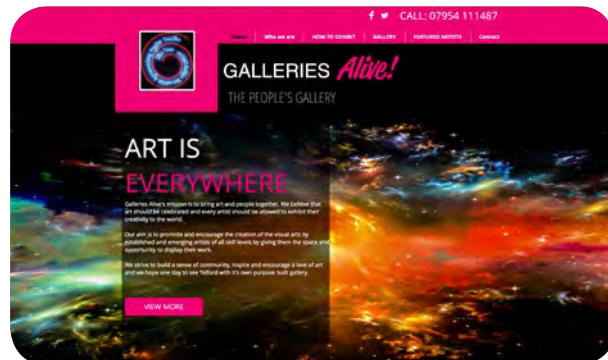
Let's Grow is a community gardening project that brings local people together to grow fruit and vegetables, develop their cookery skills and help their community. Volunteers participate in a range of activities in communities across Telford, these include cooking courses, creating community growing spaces, bulb planting and family activities. Some of the volunteers have gone on to complete the Community Gardeners Course, providing them with the skills and confidence to lead groups in their own communities.



Galleries Alive

Galleries Alive is a community project based in Telford Town Centre offering exhibition space to up and coming and established artists who wish to display their individual pieces of art and craft for others to enjoy. The gallery is managed by local volunteers whose mission is to bring art and people together, promoting and encouraging artists of all levels. Billed as 'The People's Gallery' the project is striving to create a sense of community and inspire and encourage a love of art.

www.galleriesalive.co.uk/lookbook



Telford Park Run

Telford Park Run takes place every Saturday morning in Telford Town Park. The timed 5km free to enter run attracts an average of 275 runners every week. Walkers and runners of all standards are welcomed as are dogs and pushchairs and the participants are encouraged by enthusiastic marshals. The events are organised by a team of volunteers and supported by staff at Telford Town Park. Telford Town Park also hosts a range of other community and volunteer led running events, often raising money for charity, including Race for Life, Colour Run and the Dark Run.

www.parkrun.org.uk/telford/photos

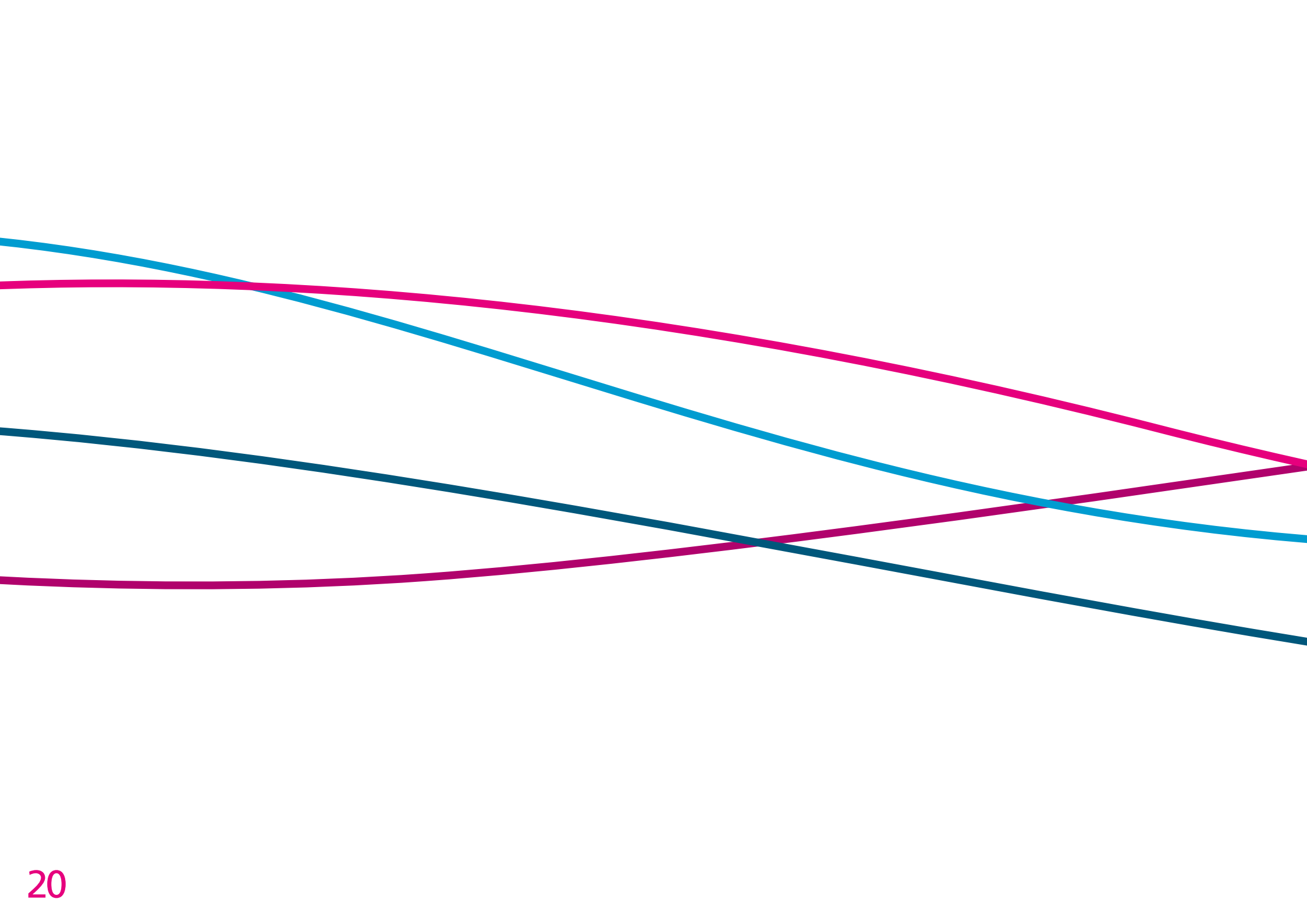
www.severnospice.org.uk/shropshire-colour-run



Up-Beat

Up-Beat is a community project in Dawley that uses music making to bring local people together. Up-Beat has received funding from the Council, through the Pride in Your High Street initiative, and delivers a collaborative approach through the involvement of a wide range of local groups and individuals.





Section 5

Growing volunteering and peer roles

This group of approaches focuses on enhancing the capabilities of people to give advice, information and support to organise activities in their own communities. Typically working in a lay, rather than professional, capacity individuals are experts through experience or trained to provide services or interventions. Usually the roles are undertaken on a voluntary basis and involve reaching out to and connecting with groups experiencing deprivation or social exclusion. The power of these roles lies in the way people use their life experience, interests and commitment to relate to other people. Volunteers and peers can communicate in a culturally sensitive way that people understand. In this way they provide meaningful opportunities for people who potentially may not relate so well to professional advice. Volunteers and peers can be seen as powerful agents of change.

What works?

There is good evidence that the most effective peer and lay approaches include the following:

- ✓ Volunteer health roles whereby community members get involved in organising and delivering activities, such as health promotion advice or personal care
- ✓ Bridging roles to establish effective links between statutory, community and voluntary

organisations and the local community and to determine which types of communication would most effectively help get people involved

- ✓ Peer interventions where training and supporting enables people to offer information and support to others from the same community or from similar backgrounds
- ✓ Community health champions who aim to reach marginalised or vulnerable groups and help them get involved
- ✓ The offer of training and mentoring support to community members in volunteer, lay and peer roles, and potentially more formal recognition of their contribution and opportunities for development such as accredited training

Potential barriers which could prevent the successful growth and expansion of peer and volunteer roles need to be considered as schemes are developed⁸. Community members could potentially be put off taking part due to the time needed to complete the training or concerns about the nature of the training. There could also be worries regarding the bureaucracy of becoming involved in community roles such as: the time, skills or experience needed to complete paperwork or the formal checks required. More informal training programmes and support for new volunteers from those more experienced can help with such barriers.

This section highlights the work of some of our local volunteers and peer supporters, describing the valued contribution and impact of their contribution to themselves personally and to others.

Local examples

Telford & Wrekin Health Champions

Telford & Wrekin Health Champions are local community volunteers who are passionate about the health and wellbeing of those around them. Our champions bring their own life experiences to improve health and wellbeing within their communities, including their individual circles of families, friends and workplaces. A pilot project led by the Council has trained a group of Health Champions, supporting them in the first steps to develop health initiatives in their own communities. The approach is now being rolled out across the Borough so that many more local people have the opportunity to make a difference in their communities.

The Council's My Options Activity Wellbeing and Care service provides a wide range of care and support services to vulnerable people of all ages



and abilities in order to promote independence, choice and wellbeing, whilst maximising community engagement for those people it supports.

A number of customers and staff from the My Options Services have recently become Health Champions. Working with the Council's Healthy Lifestyles team, the My Options Health Champions meet on a monthly basis to discuss 5 Ways to Wellbeing and ideas in which they can inform and encourage other vulnerable people think about their lifestyles and how they improve their physical, nutritional and mental wellbeing.

In January 2017 the Health Champions worked collaboratively to host a Healthy Living day at the Place in Oakengates, where over 150 attendees joined in in a range of activities such as: Tai chi, seated yoga, tag rugby, Zumba, art and craft activities, beauty and healthy food workshops. Shropshire Gold Paralympian Micky Bushell supported the event by hosting a boot camp, which was thoroughly enjoyed by those attending. This is set to become an annual event and the My Options Health Champions are planning further activities during 2017 and also continue their joint work with the Healthy Lifestyles team.



Randley Colts Girls Football Club

Telford-based couple Delwyn and Charlotte Delo have set up three football teams for girls as part of Randley Colts Junior Football Club. Working on a voluntary basis, the couple have grown the teams over the last two years giving girls in the area a new opportunity to play football. The girls aged 6-13 years train twice a week as well as playing matches which has increased their confidence and skills and given opportunities to make new friends. www.randleycoltsjfc.co.uk



[Click image to watch video](#)
[Randley Colts Girls Football Club](#)

Jane Sargent Foundation

The Jayne Sargent Foundation was set up in March 2014 in memory of Jayne Sargent, a local business woman, wife, mother and grandmother who fought a ten year battle with breast cancer. Colin Sargent, Jayne's husband wanted to make a difference in Telford as he felt that there was limited resources to help him and his family when they needed it most. Along with six other trustees, Colin and his family set up the Jayne Sargent Foundation with the aim of providing the support that people affected by cancer and their families need in the Telford and Wrekin area.

The support group, which meets on the last Tuesday morning of every month at Meeting Point House, provides valuable advice and friendship to people affected by cancer. This group offers the opportunity for people to meet and share concerns and feelings with others who understand through first hand experience.

For further information contact Sarah Bennett, email hello@jaynesargentfoundation.org.uk www.jaynesargent.co.uk



[Click image to watch video](#)
[Jane Sargent Foundation](#)

Assistive Technology at Home - Experts by Experience

The AT Home campaign encourages people to think about how technology and devices can help people to continue to live independently in their own homes. This type of support, known as assistive technology, is becoming increasingly important as local authority social care budgets come under increasing pressure due to cuts in Government grants. Telford & Wrekin Council and Telford Citizens Advice are part of a regional collaborative of 13 areas across the West Midlands promoting AT Home to raise awareness of the simple technology.

A small group of volunteers, who are experts by experience, support the project in Telford & Wrekin. The experts offer weekly drop-in sessions to the public to demonstrate and recommend kit to people who are often not aware of how assistive technology could help them remain independent due to their age or disability. For further information contact Helen Cottrell, Assistive Technology Development Officer, email helen.cottrell@telford.gov.uk <https://telford.mylifeportal.co.uk/atnew.aspx>



 [Click image to watch video](#)
Assistive Technology at Home

Princess Royal Hospital Volunteers

Volunteers play an important role within both hospitals at the Shrewsbury and Telford Hospital NHS Trust, working alongside staff in a variety of different departments. Hospital volunteers come from a diverse range of backgrounds and the value the different skills, outlooks and experiences that our volunteers bring to the organisation is well recognised. Volunteers provide non clinical support to patients, their relatives and visitors to our hospitals. The Trust provides a variety of different roles which aims to be interesting and fulfilling for our volunteers, whilst benefiting and making a difference to patients and visitors. There are volunteer roles available on most of the wards and clinical areas as well as the outpatient and administrative departments.

For further information contact Hannah Roy, email hannah.roy@sath.nhs.uk



 [Click image to watch video](#)
Princess Royal Hospital Volunteers

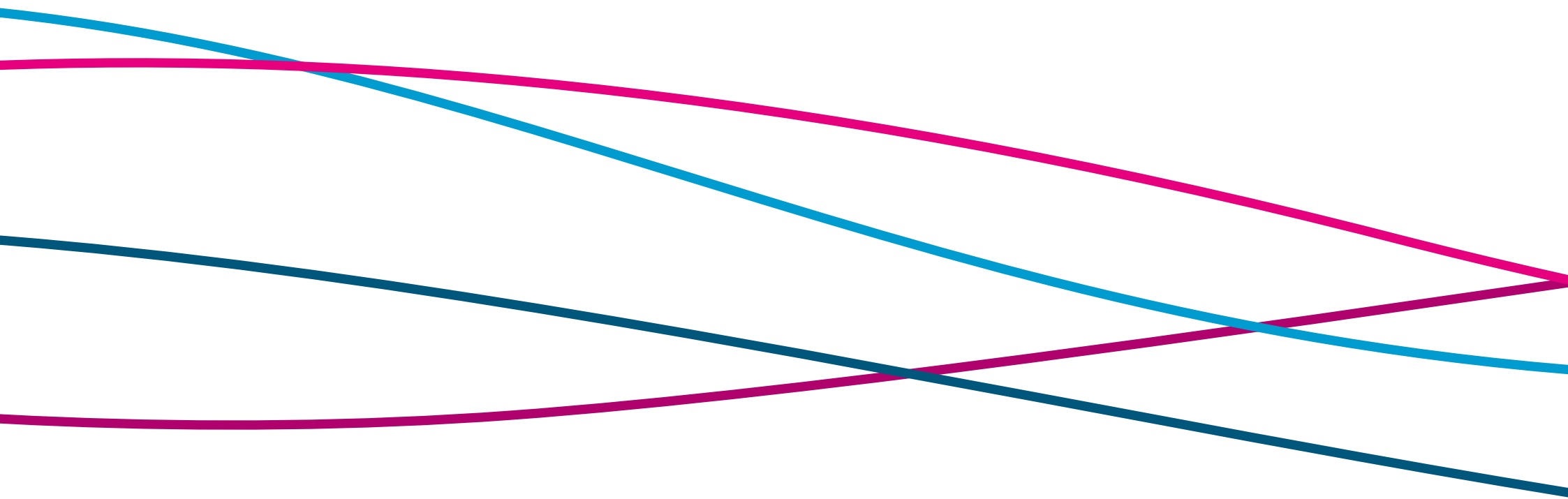
Friends of Dawley Park

The Friends of Dawley Park have successfully created a sense of local pride, linked to those involved feeling better about themselves through improved well being and physical activity. Local volunteers Paul and Sue Wolfe have been developing the volunteering within Dawley Park for well over a decade and won a Telford & Wrekin Active Lifestyle Award in 2016. Groups of school children from the neighbouring school have been involved in activities and older people have been enabled to become involved in 'gardening' in the park through this group.

For further information contact Becky Eade, email becky.eade@telford.gov.uk



 [Click image to watch video](#)
Friends of Dawley Park



Section 6

Maturing collaborations and partnerships

This group of approaches hinges on partnership working with communities to improve planning and decision-making, which is often called co-production. Programmes involve community-professional partnerships and community engagement. These can be neighbourhood-based and may include participatory research and community-based budgeting. The strength in this type of collaboration is the premise that health, wellbeing and care services will be better matched to local needs through community involvement.

What works?

There is good evidence of the approaches which are effective in developing collaborations and partnerships to meet local needs and priorities¹⁰, these include using and supporting:

- ✓ Asset-based approaches to build on the strengths and capabilities of local communities
- ✓ Community development to give local communities at risk of poor health support to help identify their needs and tackle the root causes
- ✓ Community-based participatory research to provide collaborations and partnerships with background knowledge and insights into the nature of the community they are working with

- ✓ Area based initiatives to work with local communities to improve health and education and support urban regeneration and development to tackle social or economic disadvantage
- ✓ Co-production methods to ensure statutory organisations and the community can participate on an equal basis to design and deliver health and wellbeing initiatives

However, there can potentially be limitations to the success of such collaborative approaches and partnerships⁸. For example if there is a history of poor relationships between commissioners of services, service providers and community members. This type of experience could make residents cynical or sceptical and therefore unwilling to engage because they find it difficult to believe anything is going to change in future. There also needs to be respect for or belief in the ability of the community to influence decisions in a useful and meaningful way.

Local examples

The following examples demonstrate the ways in which Health and Wellbeing Board organisations in Telford & Wrekin are working together to further develop and mature our local collaborations and partnerships.

Telford & Wrekin SOCS (Sustain Our Community Solutions) - Community-led Living Well Hubs

In Telford & Wrekin key community and voluntary sector organisations in the borough are collaborating in an innovative way to provide community-based solutions in response to the on-going savings challenges faced by the council and NHS. The SOCS – Sustain our Community Solution group, led by Citizen's Advice Telford and supported by Telford & Wrekin Council, has agreed the following vision:



Everyone in Telford & Wrekin should be able to access support and the opportunity they need to remain socially included and involved within our community.

The SOCS objectives aim to:

- provide a support network for new and established community groups and agencies that provide social inclusion activities, facilities, services or support
- encourage and increase volunteering
- work together to identify and secure additional resources for social inclusion activities
- increase involvement in community activity from all sectors of the community
- increase community cohesion and resilience

Telford & Wrekin SOCS is in the process of seeking funding to set up from scratch Community-led Living Well Hubs across the Borough. The hubs will provide a suite of information, advice and support for low level interventions to help people:

- remain independent in their own homes
- reduce their dependence and demand on statutory health and care provision
- reduce feelings of social isolation

The project is designed to have a positive impact on social inclusion and actively develop community involvement through the promotion of:

- community involvement and engagement
- healthy improvement activity and skills sharing
- opportunities to meet new people

The plan is that Telford & Wrekin Community-Led Living Well Hubs will provide information such as:

- directory of local services and information on how to access them
- assisted access to services
- assistive technology – try before you buy aids and adaptations

- help with hearing aids
- care of equipment – e.g. replacing ferrules on walking aids
- help with benefit applications e.g. Personal Independence Payments (PIP) and blue badges

Valerie Graham, Development Manager at Citizens Advice Telford is heading up the development of the hubs, She says:

“The community will be very much at the heart of this innovation, driving the work and enabling people to understand what support is available for their needs. It is envisaged that the hubs will be established and housed within buildings which provide easy access and familiarity to local people. In a change from the traditional service delivery pattern, we hope that hubs will be open on Saturdays, allowing more employed people to become involved in offering support. In future we see the hubs being run by social champions from the community, who may want to establish as charities or community interest companies. This approach would ensure sustainability so that funding is generated to keep the hubs alive and continue supporting their community.”

The next steps...

- The SOCS group aim to secure funding to pilot the Community-Led Living Well Hub approach
- A multi-agency steering group, supported by SOCS, will establish, develop and grow the hub pilots, recruiting and training social champions to deliver the service
- A coordinator will be employed to oversee the hub developments and report impacts regularly to the multi-agency steering group

Telford & Wrekin Health Round Table

The Telford & Wrekin Health Round Table was set up in 2012 so that patients would have a simple way of making their views known to NHS Telford and Wrekin Clinical Commissioning Group. The Health Round Table, a small group of around 12 volunteers, represents local organisations that support patients or have a concern or interest in health matters. These include groups that support people with long-term conditions or have a disability or mental health needs, as well as carers. The Health Round Table members, supported by the CCG Patient Engagement Lead, have been proactively contributing to a series of projects and activities, including; attending events and groups, including: the Life after Retirement Event at Wellington Methodist Church, the Stroke Carers and Rheumatoid Arthritis groups and establishing the Telford & Wrekin Patients Working Together Group.

More recently the Health Round Table has focussed its efforts on responding to the NHS England Five Year Forward View strategy aim of enabling patients to take responsibility for managing their own health, it is looking at ways that local NHS organisations could help to support and nurture supportive communities though:

- Acknowledging that support comes from not only friends and family but importantly from the voluntary sector and often small voluntary groups
- Helping these small third sector organisations is to help them to become more sustainable

The Health Round Table, with financial support from the CCG, has hosted two sustainable community events, inviting small local voluntary groups to attend to:

- get a better understanding of the strategic vision of the NHS in Telford and Wrekin and how they could be contributing to it
- provide information and master classes on how they as voluntary groups can become more sustainable; for example using social media, applying for grants both locally and nationally, making key contacts in the local community and become better at networking.

This initial groundwork is being fed into the new neighbourhood working model the NHS and Council have adopted.

For further information contact Sharon Smith, Patient Engagement Lead, email sharon.smith90@nhs.net

The Round Table Chair is Christine Choudhary and the Vice Chair is Patrick Spreadbury <http://www.telfordccg.nhs.uk/get-involved/health-roundtable>



Click image to watch video
Health Round Table

Hadley Children's Centre

Home-Start Telford & Wrekin, is a not for profit organisation which believes that children need a happy and secure childhood and that parents play the key role in giving their children a good start in life and helping them achieve their full potential. A new, exciting collaboration between Telford & Wrekin Council and Home-Start Telford & Wrekin means that Home-Start will take on the running of existing services and groups, such as: chatterbox Wednesday, playing together, Childminders Network and Telford Twins at Hadley Children's Centre. Also new groups will be introduced such as a "chatterbox" group with Polish bi-lingual facilitators. There are also plans to introduce a group for parents and children which will focus on school readiness - a key priority for the Hadley Children's Centre.



In addition to the groups there will be a range of courses and volunteer training opportunities run from the centre, including an antenatal parenting programme, Big Hopes Big Futures facilitator training and a volunteer training programme. Home-Start have already recruited a number of volunteers to work within the groups and are keen to meet anyone interested in volunteering and becoming involved in this successful venture. This innovative partnership was informed by insight gained during the Council's budget consultation with the public last year.

Caia Bryant Griffiths, Manager of Home-Start Telford and Wrekin, says *"we are delighted to have this opportunity to expand our provision and reach*

more families to sustain and enhance the provision within the Hadley Children's Centre area, we have strengthened our relationship with Telford and Wrekin Council and pleased to be able to support their ongoing work."

Helen Clover, the Council's Senior Practitioner for Early Help and Support, says *"I am pleased to have been able to work with Home-Start to ensure that there will be continuing provision with the Hadley Children's Centre area that meets the needs of the local community"*.

For further information contact Helen Clover, Early Help and Support Senior Practitioner or Caia Bryant-Griffiths, Manager at Home-Start Telford & Wrekin, email homestarttelfordandwrekin1@gmail.com www.homestarttelfordandwrekin.co.uk



Healthwatch Telford & Wrekin

Healthwatch Telford & Wrekin aims to help people get the best out of local health and social care services, making sure that local voices influence the delivery and design of local services. Healthwatch focus on understanding the needs, experiences and concerns of all those who use services and to speak out on their behalf. The service is predominately funded by Telford & Wrekin Council and the Clinical Commissioning Group and is underpinned by a valuable team of volunteers.

There are currently in excess of 60 volunteers working with HWTW across a variety of roles:

- **in the office...**volunteers assist with everything from data entry and general administration, to preparing engagement packs and materials.
- **at engagement events...**volunteers support various events across the borough.
- **on projects...**volunteers who are interested in gathering information for specific pieces of work.
- **attending meetings...**volunteers who have a particular interest in attending, and bringing information back to HWTW from health and care meetings.
- **in Enter & View roles...**volunteers who undertake a full training programme to become authorised representatives, enabling them to carry out E&V visits.
- **as Directors...**all members of the HWTW board are volunteers, devoting significant time to their roles.

Key areas of recent work include:

- **Your Own Unique Telford Healthwatch -** YOUTH network and Child and Adolescent Mental Health Services Survey 2015/16

Find out more at:

www.healthwatchtelfordandwrekin.co.uk

??? Jargon Buster

What is Healthwatch?

Health watch is the independent consumer champion, created to gather and represent the views of the public across the country. Health watch Telford & Wrekin listen to the local community, hearing about their experiences of health and social care services across the borough, and use this feedback to help improve services for everybody.

The Dawley Christian Centre

The Dawley Christian Centre is a hands-on community church which cares for the people of Dawley and surrounding areas. In addition to being a centre for worship, they have a volunteer run coffee bar and are involved community partnerships particularly those that help with local social and educational needs. They welcome many community groups to run activities from the centre and work collaboratively with the public and third sector providing rooms for delivery of services to local people including health and debt advice and support.



Telford Green Spaces Partnership

Telford Green Spaces Partnership is a network representing organisations that are actively involved in the conservation and improvement of the green spaces in and around Telford. Membership includes statutory bodies, charities, third sector organisations and community groups. The partnership objectives aim to:

- promote the conservation, protection and improvement of the physical and natural environment for the benefit of the public
- advance the education of the public in the conservation, protection and improvement of the physical, natural and historic environment
- provide a forum which brings together relevant professionals and local volunteers with the aim of improving the effectiveness of their activity by coordinating the efforts of the organisations and individuals involved

www.tgsp.org.uk/index.html



Section 7

Improving access to community resources and assets

This group of approaches is about connecting individuals and families to community resources, services, practical help and activities. Community and voluntary sector organisations have a key role to play here, as well as specialist services and those which give advocacy for underserved or vulnerable groups. The emphasis is on maximising ways to tap into community assets and improve pathways to participation. Key concepts include the following:

Social prescribing - non-medical community referral routes, such as exercise or arts on prescription, which can reduce barriers to accessing services and encourage social participation.

Community hubs and networks can be locality-based in community buildings or centres or operate as a network and offer a wide range of activities alongside more formal services such as libraries or community health services.

Community-based commissioning to consider the holistic needs of vulnerable people, considering social issues alongside health and care needs. Key themes are community engagement to understand needs and assets, tapping into the knowledge and expertise of the third sector.

What works?

There is some evidence of the effectiveness of approaches which improve access to community resources and assets⁷ including:

- ✓ The Healthy Living Centre approach, along with hubs or settings which layer with other social, faith or primary health care settings or services
- ✓ Non-traditional providers to deliver preventative and care services, which can create social value through the engagement with the community
- ✓ Social or community prescribing given that the evaluations of well-established schemes provide convincing results and the hallmarks (getting people involved in community life, keeping them active and improving social connections) are well recognised as positively affecting health¹¹.
- ✓ Placed-based commissioning or frameworks to meet the needs of underserved groups such as community budgets or services for homeless people¹².

However, the types of approaches used need to be sensitive to the needs of communities in order to be successful. The people and organisations engaged in decision-making processes need to be representative of the community, reflecting local diversity⁷. Meaningful feedback is also crucial to

provide regular feedback to the local communities who have contributed to keep them informed about the positive impact of their involvement and offering the opportunity to raise issues or concerns. With social or community prescribing it is recognised that a comprehensive, systematic approach and sound evaluation is needed in order to clearly demonstrate large scale benefits and impacts.



What do we mean by...social prescribing

The process healthcare practitioners use to work with patients and service users to select and make referrals to non-clinical community-based services based on people's social, emotional or practical needs.

Social or Community Prescribing

Social Prescribing or Community Prescribing is a means of enabling primary care professionals (for example GPs and practice nurses) to refer patients with social, emotional or practical needs into non-clinical services. The prescriptions can include referrals for anything from arts groups to activities involving exercise such as gardening and dance clubs. Most schemes have a link worker who GP practices refer patients on to and they organise the social prescription. Commonly prescriptions

are for a set length of time, between six and 12 weeks, using quality assured programmes with measurable outcomes. As patients are tracked and supported through the process this prescribing approach differs from simpler signposting to local groups and activities. NHS England identify social prescribing as one of the top 10 high impact actions in *Making Time to Care in General Practice*¹³.

In Telford and Wrekin elements of the community prescribing approach already exist and are being used as the foundation for the local model. The key elements already in place locally are:

- people operating in enabler or roles such as Care Navigators and Healthy Lifestyles Advisors
- structured programmes supporting behaviour change

There are a wide range of local options for signposting and moving people on following participation in the structured programmes. Many of these follow on activities are provided by voluntary and community groups in Telford & Wrekin, which have the capacity to welcome and support more participants.

The Telford & Wrekin community prescribing programme will aim to provide opportunities to improve patient outcomes, including:

- improve mental and physical health
- reduce the negative impact of wider determinants on health (such as debt, housing, employment, etc)
- reduce isolation and increasing wellbeing
- promote self-care

Local examples

The following examples highlight the local programmes and activities being developed to improve access to our community assets and resources.

Community prescribing in action

Colleagues from the Council's Public Health and Arts & Culture Teams have been collaborating on an innovative project with Creative Inspiration Shropshire. Established by Dr Jane Povey in 2014, the community interest company aims to connect, inspire and enable wellbeing and resilience in our community through participation in creative arts.

The next steps...

Through collaborative working in local areas the referral processes are being simplified and clarified, existing activity is being linked up and identified gaps filled. The framework for community prescribing, which is a key part of the new neighbourhood working approach, will be made standard across Telford and Wrekin, but the solutions will need to be on a very local scale to be effective.

For further information contact
Clare Harland,
Public Health Commissioner,
email clare.harland@telford.gov.uk



[Click image to watch video](#)
Social Prescribing GP

Wellbeing, Support and Care Networks - A Telford and Wrekin Concept

The Council and CCG have been working together using a community-based commissioning approach to co-produce solutions with local stakeholders for communities to enable citizens to access the 'Right Help, Right Time - Promoting Independence.

The main areas of focus are to improve services for vulnerable people such as the frail elderly, people with learning disabilities of all ages, reduce social isolation, provide more flexible access to care and support, build resilience for carers and increase volunteering.

Key partners, carers and people who use these services are involved. The aspiration is that only where appropriate, GPs and other health and care professionals are accessed rather than a matter of course.

The concept aims to evolve community hubs in a variety of areas across Telford & Wrekin, connecting community to place-based community provision, such as care homes, day care, leisure activities, access to information, advice and access to technology.

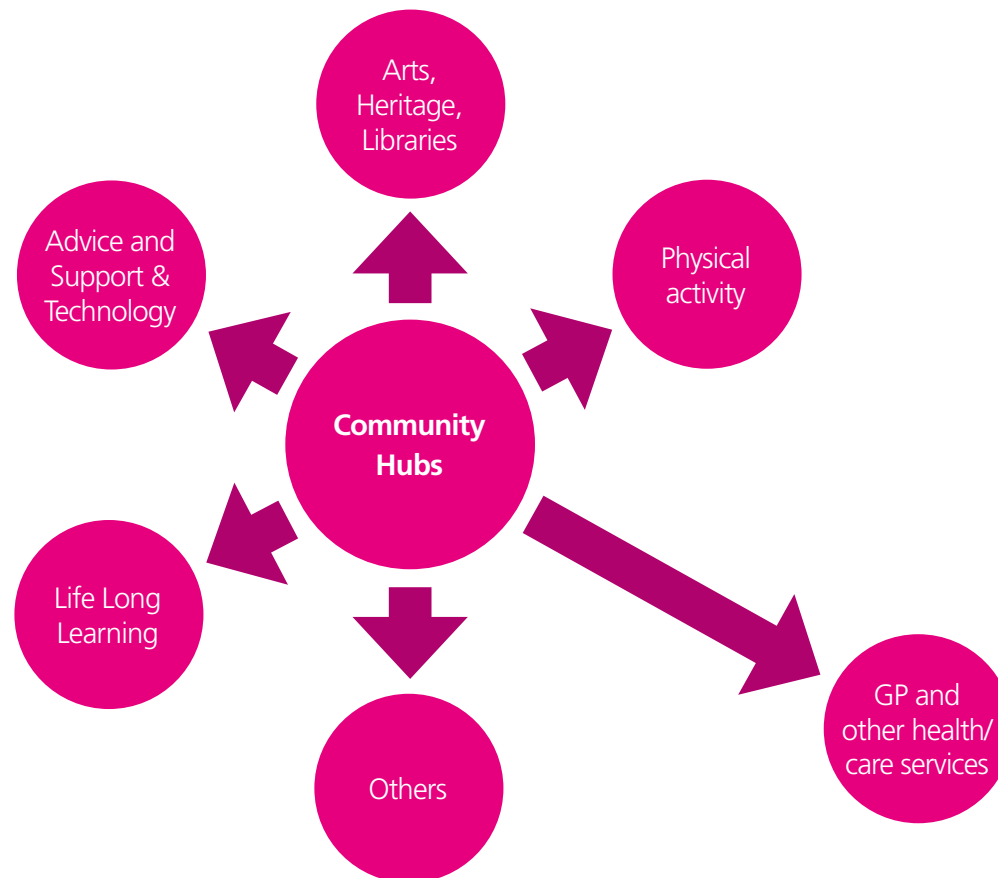
The idea is that these care and support hubs connect communities and become valuable flexible care and support provision for people, families and resilience for carers.

The next steps...

- The Wellbeing Support and Care network approach will be piloted in Wellington. Wellington is an area with high levels of older people with dementia, people with disabilities, a diverse ethnic population and young people that can access the identified Hubs. Older People Enjoying Life - Age UK Shropshire, Telford & Wrekin support a network of local Older People Enjoying Life - OPEL Centres that are identified as Community Hubs. The weekly day sessions offer a hot meal, a chance to meet friends and have a bit of fun. The average age of members is 85. In Telford & Wrekin 300 members cared for by 65 volunteers in 16 OPEL centres, supported by one paid member of staff.
- Engaging through arts and culture to involve the community and provide training to community hub staff. Involve carers and other volunteers to design and develop the hubs.
- Establish evaluation and measures of benefits to the community and reduction of demand on health and social care provision and assist in ensuring that successful services become sustainable.

For further information contact
Laura Thorogood, Commissioning - Service
Delivery Manager
email Laura.Thorogood@telford.gov.uk
Michael Bennett, Commissioning Manager,
NHS Telford & Wrekin CCG

Telford & Wrekin Wellbeing Support and Care Network Model



Source: Creative Inspirations C.I.C

Other examples of local projects which improve access to community assets and resources

- **Telford Green Heroes** aims to improve mental and physical health through 'green exercise'. During the 12 week programme participants get involved with activities such as practical conservation tasks, horticultural activities and guided walks. The volunteers also contribute to local community projects such as clearing paths and building steps so that others can also enjoy their local natural environment. The programme is delivered by Shropshire Wildlife Trust.

Kreative Kidz

- **Kreative Kidz** provides children who have additional needs with an opportunity to come together and get creative for a couple of hours every Saturday at Oakengates Theatre. This provides a safe and reassuring environment where children are encouraged to express themselves through the arts whilst making new friends and supporting their self esteem and confidence. Activities include Taiko drumming, dance, stories, arts and sculpture, drama & creative movement, music. www.ican2.org.uk/ican2/info/15/short_breaks/6/kreative_kids
- **Oakengates targeted mental health art group** provides support and a safe environment for those accessing mental health services to meet and take part in arts & crafts activities. The group, which is linked to the Redwoods Centre, meet every week at Oakengates Theatre and are led by a local artist.



- **Older People Enjoying Life** - Age UK Shropshire, Telford & Wrekin support a network of local Older People Enjoying Life - OPEL Centres. The weekly day centre sessions offer a hot meal, a chance to meet friends and have a bit of fun. The average age of members is 85. In Telford & Wrekin 300 members cared for by 65 volunteers in 16 OPEL centres, supported by one paid member of staff.

Some more local examples of our valued community health assets

Assets are things which impact on people's health and wellbeing – protecting and promoting factors which act a buffer against life's stresses. Assets can be considered in the following types¹⁵...

Practical skills, capacity and knowledge of local residents, such as:



- **Ican2 sports and Leisure** - short breaks programme providing activities for children and young people living in Telford and Wrekin with a disability or additional need www.ican2.org.uk

- **Wellington Walkers are Welcome** – group which promotes the interests of local walkers in Wellington, and to promote Wellington to walkers elsewhere www.wellingtonwalkersarewelcome.org.uk

Passions and interests of local residents which give the energy for change, such as:



- **Telford Bikes** is run by volunteers and owned by the community for the benefit of all cyclists across Telford. The number one aim is to get people cycling, stop bikes going to landfill and help members of the community in any way they can. www.telfordbikes.co.uk/community www.facebook.com/telfordbikes.co.uk
- **Arts Activities** - Newport Cottage Care and the Alzheimer's Society, funded by the Council through a town planning agreement, this has developed a programme of arts activities for isolated older people living in Newport. The clients and participants agree the programme of activities, which include artist visits, arts & craft sessions and trips out to theatre and galleries. www.newport-care.org

Network and connections in the community – also known as social capital, including friends and neighbourliness, such as:

- **Noor's Women's Coffee Morning** - a social support group for Muslim women in the Arleston area
- **Brookside Big Local** - local residents working together to make Brookside a better place to live, supported by the national Big Local programme
www.brooksidebiglocal.co.uk

Local community and voluntary associations

- **Parents Opening Doors** - improving the lives of families who have a disabled child or additional need, in the Telford & Wrekin area
www.podstelford.org
- **Listen Not Label** - providing help and support to adults with autism
www.listen-not-label.org



- **Carer's Centre** - providing support, information and advice for carers in Telford & Wrekin
www.telfordcarers.org.uk

Resources of public, private and third sector organisations available to support communities



- **Telford & Wrekin CVS** - helping voluntary organisations in Telford and Wrekin
www.telfordandwrekin cvs.org.uk



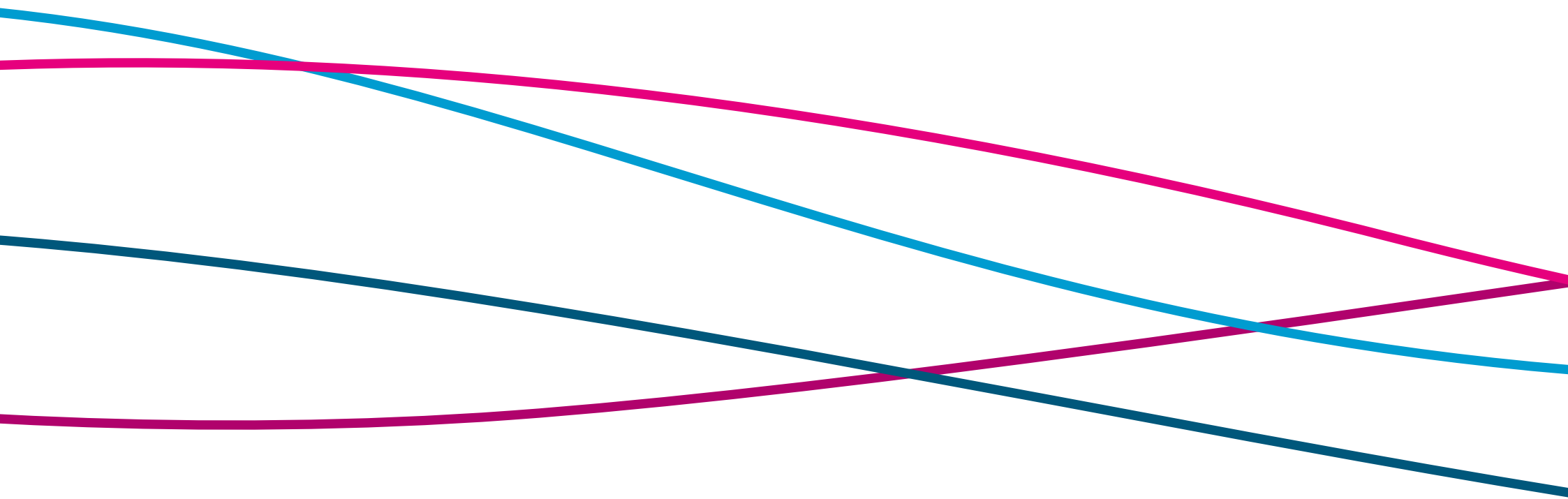
- **Citizen's Advice Telford** - providing information and advice on areas including: Benefits, Consumer, Debt, Discrimination, Employment, Housing, Immigration, Legal and Relationships
www.telfordcab.co.uk
- **Age UK Shropshire, Telford & Wrekin** - enabling older people across the Borough to love later life
www.ageuk.org.uk/shropshireandtelford

Physical and economic resources which enhance health and wellbeing, such as:

- **Friends of Dothill Local Nature Reserve** - an active volunteer group who maintain and develop the reserve
www.dothillnaturereserve.co.uk/the-friends



- **Walkabout Wrekin** - leading health walks across Telford and Wrekin
www.walkaboutwrekin.org.uk



Section 8

Recommendations

Building on the local ambition and commitment and the wide range of valued community assets and approaches I make the following recommendations in order to further develop community-centred activities and make the approaches more systematic.

Recommendation 1:

Health & Wellbeing partner organisations in Telford & Wrekin should consider how community-centred approaches, which build on individual and community assets, become an integral part of our action plans and work programmes put in place to deliver the aspirations of the health and wellbeing strategy.

Recommendation 2:

Local commissioners of health improvement and preventative services in the CCG and Council should consider the use of community-centred approaches more systematically through their commissioning frameworks, using best practice evidence to: strengthen communities, build the volunteer workforce as agents of change and co-design local services.

Recommendation 3:

Health & Wellbeing partners and Community Voluntary Services organisations in Telford & Wrekin should collectively celebrate and support formal and informal volunteering, through a variety of ways, such as: providing organisational support, commissioning services, awarding grants, offering training and raising awareness through marketing and publicity.

Recommendation 4:

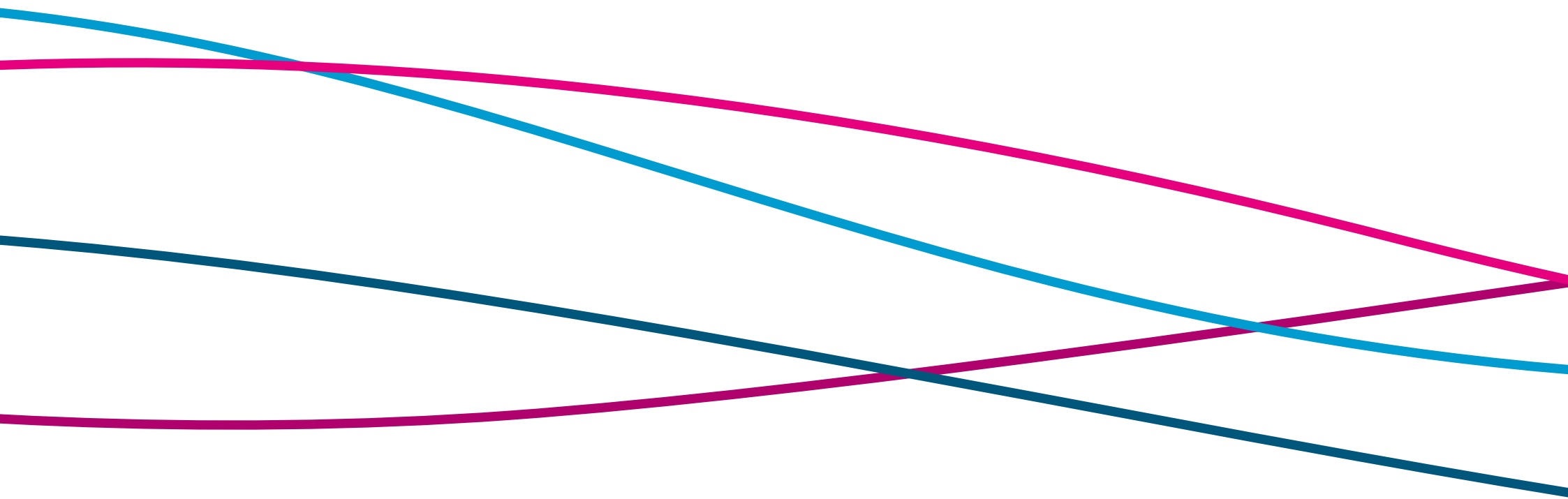
Health & Wellbeing partners in Telford & Wrekin, should work collectively with local Community Voluntary Sector organisations to ensure a Borough-wide evaluation programme is developed for our local community-centred approaches in order to determine their impact. This evaluation should aim to share local learning with others and contribute to the national body of best practice evidence.

Recommendation 5:

Commissioners of health and wellbeing services in Telford & Wrekin, as part of their duty to reduce inequalities in health, should proactively engage people at risk of social isolation in the design and delivery of solutions to narrow inequities.

Recommendation 6:

As part of the neighbourhood working approach an organisational development programme should be put in place so Health & Wellbeing partners in Telford & Wrekin are able to up skill the local workforce to confidently and effectively deliver person and community-centred approaches.



Section 9

Review of last year's recommendations

I made seven recommendations in my last annual public health report. Progress made towards delivering these recommendations with our partners during the past year is outlined below.

Recommendation 1: Action should be taken by the Council and partners to encourage and support people over 50 to adopt healthy lifestyle behaviours, which incorporate opportunities to volunteer and ensure advice, signposting into services by health and social care professionals is systematic.

A range of initiatives have been adopted in this area. Strong promotion of the national OneYou campaign, which is particularly aimed at promoting healthy lifestyles in the over 50's, is being supported by the Council, particularly through Healthy Telford Twitter account. Stop smoking support for the over 50s continues to be available throughout the Borough and has been offered to local employers through the Work Well in Telford programme. In addition, the Healthy Lifestyles service continues to provide a one stop shop for local people wishing to get active and improve their health. Clients are given one to one support and encouraged to access the wide range of activities in their communities. Work is ongoing with health and social care professionals to increase referrals to behaviour change programmes.

Recommendation 2: The Council's public health team should work with key partners to develop the wider public health workforce to expand our local capacity and capability to improve the health and wellbeing for our ageing population.

Health and Wellbeing MECC (Making Every Contact Count) training has been delivered to 200 frontline staff and volunteers from a range of organisations working with local people particularly those in older age. Age UK, Telford Senior Citizen's Forum, members of SPIC (Shropshire Partners in Care) and Social Housing providers have all benefited training. In addition, 120 officers from Shropshire Fire & Rescue Service have completed Health and Wellbeing MECC training, which they are now proactively using in their Home Safety Checks for the elderly living alone. Further training is now available to all these staff and volunteers enabling them to better support their clients' health and wellbeing.

Recommendation 3: Action should be taken by the Council, NHS Telford and Wrekin Clinical Commissioning Group and partners to ensure good access to healthy lifestyle support for the most vulnerable adults, such as those with long term conditions or mental health illness.

Local Public Health advice has shaped the development of Telford and Wrekin NHS clinical

pathways for people with diabetes, cancer and respiratory disease. More systematic access to healthy lifestyles advice is an important goal for this work. The Healthy Lifestyles team have made adjustments to their programme to better support those with Long Term Conditions and Mental Health conditions, the team continue to work with vulnerable groups who are at higher risk of poor health, including faith groups and older people.

Recommendation 4: The Council, its partners and communities should support and promote a range of group, one-to-one and volunteering activities that meet the needs and interests of local older people.

Five Ways to Wellbeing continues to be promoted through Council media routes and cascaded to partners. It is also embedded within delivery in several Council service areas. The Healthy Telford Twitter feed has generated relationships and partnerships which did not previously exist, signposting to local events and opportunities and linking up new groups and organisations.

Work is ongoing in the Carers Partnership Board and the Carers Contact Centre to ensure access to healthy lifestyles services. Work has also been completed with Registry to engage with those recently bereaved and offer appropriate support.

Staff at Job Centre Plus has received Health and Wellbeing MECC training and are better able to support older clients.

Recommendation 5: Building on work already underway, the Council and partners should take a community-centred approach to improving the health and wellbeing of our ageing population.

This work has been supported by priorities in the following local strategy documents:

- The new Health & Wellbeing Strategy, which includes strengthening communities and community-based support as a priority
- Telford & Wrekin Council Being the Change Strategy, which includes building community capacity as a key principle
- Shropshire, Telford & Wrekin NHS Sustainability and Transformation Plan which prioritises building community resilience, to be delivered through the neighbourhood working model

Examples of the approach being embedded include a cohort of 36 Health Champions who have been trained and supported to deliver a range of initiatives in their local communities, and local groups supporting older people including Senior Citizen's Forum, Senior Gym Club, Walkabout Wrekin and Friends Of groups who have contributed to the development of programmes of work including the healthy lifestyles offer.

Recommendation 6: Action should be undertaken by the Council with local employers to raise awareness of the links between work, healthy lifestyles and wellbeing and the action employers can take to increasing employment opportunities and retention for older people.

The Work Well in Telford programme provides a range of advice and support to local business through the website, seminars, training and sharing best practice. Work Well in Telford includes information and advice on supporting older people in the workplace. Members are also encouraged to engage with campaigns such as One You and Time to Change.

Recommendation 7: Action should be taken, by NHS Telford & Wrekin CCG with the Council and other partners to maximise every opportunity for awareness raising and early detection of risk factors and symptoms, ensuring early diagnosis and treatment for cancer, cardiovascular disease (heart disease and stroke) and Type 2 Diabetes.

Work is developing with the public health team and the CCG, as part of the neighbourhood working approach, to establish a reduce your risk programme as part of the radical upgrade in prevention expected in the NHS.

This has included a funding bid for NHS Transformation funds to improve the local treatment and care for people with diabetes. Examples of other awareness raising include the BeClear Campaigns (blood in pee and Respiratory Symptoms this year) which have been strongly publicised within Council, including Local radio

interviews, poster and flyer distributions, Twitter promotion and building links with local groups for example the Jane Sargent Foundation. A lung cancer awareness event took place in Telford Town Centre in November 2016.

Public Health Outcomes Framework

Summary of key changes to the health of people in Telford and Wrekin

Since the last annual public health report there have been some significant changes on certain indicators which measure the health of our population.

For life expectancy and mortality rates

There have been slight improvements in the life expectancy rates for women, however the figures for both men and women still remain significantly worse than the England average.

- There have been further improvements in death rates for certain causes including:
 - The under 75 mortality rate from cancer considered preventable (persons) is no longer significantly worse than the national average
 - The mortality rate from communicable (infectious) diseases, including influenza is now significantly better than the England average
 - The under 75 mortality rate from preventable cardiovascular diseases in men has decreased
- Despite these notable improvements in death rates from certain major causes of death, there have been increases in rates for some causes:

- Infant mortality rate under one year, which makes a significant contribution to reduced life expectancy
- Early death rates from liver disease have increased and are significantly worse than the England average, the rate for preventable liver disease for women is now rated worse than the national average for the first time
- Early death rates mortality rates from respiratory disease (for persons and females) have risen and are significantly worse than the England average for the first time
- The ratio of male excess winter deaths (for all ages and 85+ year olds) have risen and become worse than the England average for the first time

In terms of health improvement

- The proportions of people with substance misuse problems successfully completing treatment has improved for those with alcohol problems and non-opiate drug issues
- Smoking in pregnancy rates continue to fall slowly, but levels are still worse than the England average and levels of breastfeeding have remained static and rates are still worse than the national average

- Excess weight levels in both adults and children are still worse than the national average and the levels in children has increased for both age groups
- The uptake of bowel cancer screening has improved but remains worse than the national average
- Teenage pregnancy rates continue to fall
- The proportion of adults who are physically active has fallen slightly and the level of adults who are inactive has risen

With respect to the wider determinants which impact on health

- The percentage of people aged 16-64 in employment has improved again for both men and women and rates are similar to the England average
- School readiness measures have improved further
- The level of children living in poverty still remains significantly worse than the national average
- The levels of 16-18 year olds not in education, employment or training (NEET) remains significantly worse than the England average
- The level of people classified as being in “fuel poverty” has fallen and the rate is now significantly better than the England average

PHOF Summary for Telford & Wrekin February 2017

Domain 0 - Overarching determinants of health

There are two primary indicators with a total of 12 sub-indicators with reported local data in this domain.

The Telford & Wrekin position is significantly worse than the England average for all eight sub-indicators that have been compared.

Worse than average indicators:

- Healthy life expectancy at birth (male, female)
- Life expectancy at birth (male, female)
- Life expectancy at 65 (male, female)
- Gap in life expectancy at birth between each local authority and England as a whole (male, female)

Domain 1 – Wider determinants of health

There are 17 primary indicators with 51 sub-indicators with reported local data in this domain.

The Telford & Wrekin position is significantly worse than the England average for five sub-indicators and significantly better for nine sub-indicators.

Better than average indicators:

- School Readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check (Persons, male, female)
- Killed and seriously injured (KSI) casualties on England's roads

- Violent crime (including sexual violence) - hospital admissions for violence
- The rate of complaints about noise
- Statutory homelessness - households in temporary
- Fuel poverty
- Social isolation - % of adult social care users who have as much social contact as they would like

Worse than average indicators:

- Children in low income families (under 20, under 16)
- First time entrants to the youth justice system
- 16-18 year olds not in education employment or training
- Social isolation - % of adult carers who have as much social contact as they would like

Domain 2 – Health improvement

There are 23 primary indicators with 61 sub-indicators with reported local data in this domain.

Overall, Telford & Wrekin is significantly better than the England average in 18 of the sub-indicators and significantly worse in 18.

Better than average indicators:

- Proportion of children aged 2-2½yrs offered ASQ-3 as part of the Healthy Child Programme or integrated review
- Smoking prevalence at age 15 - (current smokers, regular smokers)
- Successful completion of drug treatment (non-opiate users and alcohol users)

- Cancer screening coverage - (breast cancer, cervical cancer)
- Newborn Blood Spot Screening - Coverage
- Newborn Hearing Screening - Coverage
- Injuries due to falls in people aged 65 and over, 65-79 years, 80+ years (males, females, persons)

Worse than average indicators:

- Breastfeeding - (at birth and 6-8 weeks, current and historical method)
- Smoking status at time of delivery
- Under 18 conceptions
- Child excess weight (4-5 year olds, 10-11 year olds)
- Hospital admissions caused by unintentional and deliberate injuries in children (0-14 years, 0-4 years)
- Average number of portions of fruit consumed daily (adults and 15 year olds)
- Average number of portions of vegetables consumed daily at age 15
- Excess weight in adults
- Smoking prevalence in adult routine and manual occupations
- Cancer screening coverage - bowel cancer
- Percentage of those aged 40-74 offered and receiving NHS Health Checks (3 indicators)

Domain 3 – Health protection

There are seven primary indicators with 26 sub-indicators with reported local data in this domain.

The Telford & Wrekin position is significantly better than the England average for 9 of the sub-indicators and significantly worse for three.

Better than average indicators:

- Population vaccination coverage:
 - Dtap / IPV / Hib (1 year old)
 - Dtap / IPV / Hib (2 years old)
 - Men C
 - PCV
 - PCV booster
 - MMR for one dose (2 years old)
 - MMR for one dose (5 years old)
 - HPV for one dose (females 12-13 years old)
- Adjusted antibiotic prescribing in primary care by the NHS

Worse than average indicators:

- Population vaccination coverage – Flu (aged 65+ years, at risk individuals and 2-4 year olds)

Domain 4 – Healthcare and premature mortality

There are 16 primary indicators with a total of 63 sub-indicators with reported local data in this domain.

The Telford & Wrekin position is significantly worse than the England average for 15 of the sub-indicators and better than the national average on one indicator.

Better than average indicators:

- Mortality rate from a range of specified communicable diseases, including influenza

Worse than average indicators:

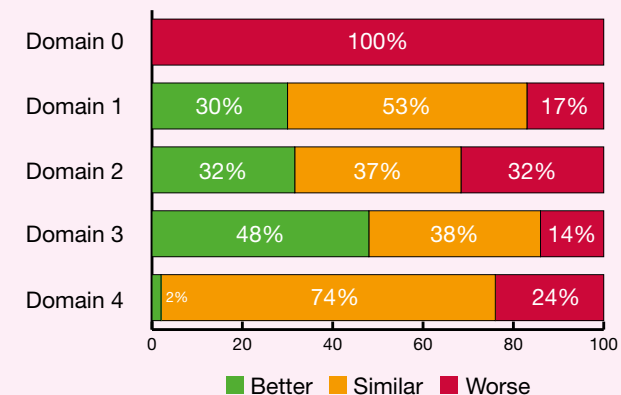
- Infant mortality
- Mortality rate from causes considered preventable (persons, females)

- Under 75 mortality rate from cancer (persons, male)
- Under 75 mortality rate from cancer considered preventable (male)
- Under 75 mortality rate from liver disease (persons)
- Under 75 mortality rate from liver disease considered preventable (persons, female)
- Under 75 mortality rate from respiratory disease (persons, female)
- Under 75 mortality rate from respiratory disease considered preventable (persons)
- Proportion of adults in the population in contact with secondary mental health services
- Health related quality of life for older people
- Excess winter deaths index (3 years, all ages) - male

Summary of benchmarked indicators

- Domain 0: Overarching Determinants of Health** has the greatest proportion of indicators where the Telford & Wrekin position is worse than the England average, with 100% of benchmarked indicators rated red (8 indicators in total).
- Domain 4: Healthcare and Premature Mortality** is the area where the benchmarked Telford & Wrekin position is closest to the England average. This domain has the highest proportion of indicators that are statistically similar to the England average, with 74% of benchmarked indicators rated amber (62 indicators in total).

- Domain 3: Health Protection** is the area where Telford & Wrekin has the highest proportion of indicators rated better than the England average, with 48% of benchmarked indicators rated green (21 indicators in total).



Key to RAG rating

RED:
Telford & Wrekin position statistically significantly worse than the England average or goal

AMBER:
Telford & Wrekin position statistically significantly similar to the England average or goal

GREEN:
Telford & Wrekin position statistically significantly better than the England average or goal

The RAG rating in these tables uses the statistical significance as calculated and presented by Public Health England (PHE) in the PHOF release February 2017. Indicators without RAG ratings are those where PHE have not applied statistical comparisons.

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Domain 0 - Overarching determinants of health				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
0.1i	Healthy life expectancy at birth - Male	59.54	63.39	2013 - 15
0.1i	Healthy life expectancy at birth - Female	58.55	64.11	2013 - 15
0.1ii	Life Expectancy at birth - Male	78.36	79.46	2013 - 15
0.1ii	Life expectancy at birth-Female	81.99	83.11	2013 - 15
0.1ii	Life expectancy at 65-Male	18.10	18.68	2013 - 15
0.1ii	Life expectancy at 65-Female	20.21	21.08	2013 - 15
0.2iii	Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area-Male	6.95	-	2012 - 14
0.2iii	Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area-Female	2.84	-	2012 - 14
0.2iv	Gap in life expectancy at birth between each local authority and England as a whole-Male	-1.10	0.00	2013 - 15
0.2iv	Gap in life expectancy at birth between each local authority and England as a whole-Female	-1.12	0.00	2013 - 15
0.2vi	SII in healthy life expectancy based within local authorities, based on deprivation within Middle Super Output Areas -Male	11.81	-	2009 - 13
0.2vi	SII in healthy life expectancy based within local authorities, based on deprivation within Middle Super Output Areas -Female	12.10	-	2009 - 13
	Deprivation score (IMD 2010)-Persons	23.63	21.69	2010
	Deprivation score (IMD 2015)-Persons	24.85	21.78	2015
	% population aged <18-Persons	22.86	21.32	2015
	% population aged 65+-Persons	16.37	17.73	2015
	% population from Black and Minority Ethnic (BME) groups-Persons	7.34	14.58	2011

Domain 1 - Wider Determinants of Health				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
1.01i	Children in low income families (all dependent children under 20)-Persons	22.90	19.90	2014
1.01ii	Children in low income families (under 16s)-Persons	23.50	20.10	2014
1.02i	School Readiness: the percentage of children achieving a good level of development at the end of reception-Persons	69.12	69.29	2015/16
1.02i	School Readiness: the percentage of children achieving a good level of development at the end of reception-Male	60.66	62.15	2015/16
1.02ii	School Readiness: the percentage of children achieving a good level of development at the end of reception-Female	77.67	76.81	2015/16

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Domain 1 - Wider Determinants of Health				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
1.02i	School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception-Persons	54.18	54.41	2015/16
1.02i	School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception-Male	45.08	45.84	2015/16
1.02i	School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception-Female	64.04	63.49	2015/16
1.02ii	School Readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check-Persons	84.06	80.51	2015/16
1.02ii	School Readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check-Male	80.14	76.91	2015/16
1.02ii	School Readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check-Female	87.90	84.29	2015/16
1.02ii	School Readiness: the percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check-Persons	72.49	68.64	2015/16
1.02ii	School Readiness: the percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check-Male	67.26	63.61	2015/16
1.02ii	School Readiness: the percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check-Female	77.35	73.97	2015/16
1.03	Pupil absence-Persons	4.56	4.62	2014/15
1.04	First time entrants to the youth justice system-Persons	641.18	368.65	2015
1.05	16-18 year olds not in education employment or training-Persons	7.91	4.18	2015
1.06i	Adults with a learning disability who live in stable and appropriate accommodation-Persons	53.75	73.32	2014/15
1.06i	Adults with a learning disability who live in stable and appropriate accommodation-Male	55.32	73.23	2014/15
1.06i	Adults with a learning disability who live in stable and appropriate accommodation-Female	51.52	73.11	2014/15
1.06ii	Adults in contact with secondary mental health services who live in stable and appropriate accommodation-Persons	65.10	59.70	2014/15
1.06ii	Adults in contact with secondary mental health services who live in stable and appropriate accommodation-Male	65.80	58.40	2014/15
1.06ii	Adults in contact with secondary mental health services who live in stable and appropriate accommodation-Female	64.50	61.30	2014/15

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Domain 1 - Wider Determinants of Health				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
1.08i	Gap in the employment rate between those with a long-term health condition and the overall employment rate-Persons	9.70	8.80	2015/16
1.08ii	Gap in the employment rate between those with a learning disability and the overall employment rate-Persons	69.40	66.90	2014/15
1.08ii	Gap in the employment rate between those with a learning disability and the overall employment rate-Male	73.40	71.80	2014/15
1.08ii	Gap in the employment rate between those with a learning disability and the overall employment rate-Female	65.60	62.30	2014/15
1.08iii	Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate-Persons	64.10	66.10	2014/15
1.08iii	Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate-Male	69.30	72.60	2014/15
1.08iii	Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate-Female	58.80	59.30	2014/15
1.08iv	Percentage of people aged 16-64 in employment-Persons	74.90	73.90	2015/16
1.08iv	Percentage of people aged 16-64 in employment-Male	78.80	79.20	2015/16
1.08iv	Percentage of people aged 16-64 in employment-Female	71.10	68.80	2015/16
1.09i	Sickness absence - the percentage of employees who had at least one day off in the previous week-Persons	2.75	2.40	2012 - 14
1.09ii	Sickness absence - the percent of working days lost due to sickness absence-Persons	1.48	1.46	2012 - 14
1.10	Killed and seriously injured (KSI) casualties on England's roads-Persons	23.02	38.50	2013 - 15
1.11	Domestic abuse-Persons	17.78	20.42	2014/15
1.12i	Violent crime (including sexual violence) - hospital admissions for violence-Persons	31.27	47.49	2012/13 - 14/15
1.12ii	Violent crime (including sexual violence) - violence offences per 1,000 population-Persons	26.58	17.18	2015/16
1.12ii	Violent crime (including sexual violence) - rate of sexual offences per 1,000 population-Persons	3.34	1.69	2015/16
1.13i	Re-offending levels - percentage of offenders who re-offend-Persons	25.51	25.44	2014
1.13ii	Re-offending levels - average number of re-offences per offender-Persons	0.80	0.82	2014
1.13iii	First time offenders-Persons	288.60	242.42	2015
1.14i	The rate of complaints about noise-Persons	4.47	7.13	2014/15
1.14ii	The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime-Persons	0.83	5.17	2011

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Domain 1 - Wider Determinants of Health				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
1.14iii	The percentage of the population exposed to road, rail and air transport noise of 55 dB(A) or more during the night-time-Persons	2.02	8.01	2011
1.15i	Statutory homelessness - Eligible homeless people not in priority need-Persons	-	0.85	2015/16
1.15ii	Statutory homelessness - households in temporary accommodation-Persons	0.71	3.12	2015/16
1.16	Utilisation of outdoor space for exercise/health reasons-Persons	17.29	17.91	Mar 2014 - Feb 2015
1.17	Fuel poverty-Persons	10.14	10.55	2014
1.18i	Social Isolation: percentage of adult social care users who have as much social contact as they would like-Persons	50.50	45.40	2015/16
1.18ii	Social Isolation: percentage of adult carers who have as much social contact as they would like-Persons	34.50	38.50	2014/15

Domain 2 - Health improvement				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
2.01	Low birth weight of term babies-Persons	2.47	2.86	2014
2.02i	Breastfeeding - breastfeeding initiation-Female	67.48	74.33	2014/15
2.02ii	Breastfeeding - breastfeeding prevalence at 6-8 weeks after birth - current method-Persons	36.32	43.15	2015/16
2.02ii	Breastfeeding - breastfeeding prevalence at 6-8 weeks after birth - historical method-Persons	41.06	43.82	2014/15
2.03	Smoking status at time of delivery-Female	18.12	10.65	2015/16
2.04	Under 18 conceptions-Female	32.61	22.80	2014
2.04	Under 18 conceptions: conceptions in those aged under 16-Female	5.90	4.38	2014
2.05ii	Proportion of children aged 2-2½yrs offered ASQ-3 as part of the Healthy Child Programme or integrated review-Persons	100.00	81.33	2015/16
2.06i	Child excess weight in 4-5 and 10-11 year olds - 4-5 year olds-Persons	25.54	22.14	2015/16
2.06ii	Child excess weight in 4-5 and 10-11 year olds - 10-11 year olds-Persons	37.43	34.17	2015/16
2.07i	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)-Persons	136.27	104.20	2015/16
2.07i	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)-Persons	189.78	129.63	2015/16

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Domain 2 - Health improvement				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
2.07ii	Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)-Persons	130.84	134.06	2015/16
2.08i	Average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months on 31st March -Persons	15.00	14.00	2015/16
2.08ii	Percentage of children where there is a cause for concern-Persons	34.00	37.00	2014/15
2.09i	Smoking prevalence at age 15 - current smokers (WAY survey)-Persons	5.98	8.20	2014/15
2.09ii	Smoking prevalence at age 15 - regular smokers (WAY survey)-Persons	4.06	5.45	2014/15
2.09iii	Smoking prevalence at age 15 - occasional smokers (WAY survey)-Persons	1.92	2.74	2014/15
2.10ii	Emergency Hospital Admissions for Intentional Self-Harm-Persons	206.94	191.43	2014/15
2.11i	Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)-Persons	48.60	52.30	2015
2.11ii	Average number of portions of fruit consumed daily (adults)-Persons	2.20	2.51	2015
2.11iii	Average number of portions of vegetables consumed daily (adults)-Persons	2.17	2.27	2015
2.11iv	Proportion of the population meeting the recommended "5-a-day" at age 15 -Persons	49.70	52.40	2014/15
2.11v	Average number of portions of fruit consumed daily at age 15 (WAY survey) -Persons	2.22	2.39	2014/15
2.11vi	Average number of portions of vegetables consumed daily at age 15 (WAY survey) -Persons	2.30	2.40	2014/15
2.12	Excess weight in Adults-Persons	71.12	64.80	2013 - 15
2.13i	Percentage of physically active and inactive adults - active adults-Persons	53.80	57.05	2015
2.13ii	Percentage of physically active and inactive adults - inactive adults-Persons	28.47	28.65	2015
2.14	Smoking Prevalence in adults - current smokers (APS)-Persons	18.18	16.93	2015
2.14	Smoking Prevalence in adult in routine and manual occupations - current smokers (APS)-Persons	32.01	26.51	2015
2.15i	Successful completion of drug treatment - opiate users-Persons	7.06	6.72	2015
2.15ii	Successful completion of drug treatment - non-opiate users-Persons	44.26	37.26	2015
2.15iii	Successful completion of alcohol treatment-Persons	36.97	38.36	2015
2.15iv	Deaths from drug misuse-Persons	-	3.89	2013 - 15
2.16	Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison -Persons	27.27	30.28	2015/16
2.17	Recorded diabetes-Persons	6.62	6.37	2014/15
2.18	Admission episodes for alcohol-related conditions - narrow definition-Persons	667.79	640.78	2014/15
2.18	Admission episodes for alcohol-related conditions - narrow definition-Male	877.80	826.92	2014/15

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Domain 2 - Health improvement				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
2.18	Admission episodes for alcohol-related conditions - narrow definition-Female	476.09	474.24	2014/15
2.19	Cancer diagnosed at early stage (experimental statistics)-Persons	48.60	50.66	2014
2.20i	Cancer screening coverage - breast cancer-Female	79.41	75.47	2016
2.20i	Cancer screening coverage - cervical cancer-Female	73.74	72.71	2016
2.20iii	Cancer screening coverage - bowel cancer-Persons	56.28	57.89	2016
2.20iv	Abdominal Aortic Aneurysm Screening - Coverage-Male	78.75	79.85	2015/16
2.20xi	Newborn Blood Spot Screening - Coverage -Persons	98.00	95.59	2015/16
2.20xii	Newborn Hearing Screening - Coverage -Persons	99.42	98.72	2015/16
2.22iii	Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check-Persons	55.71	56.44	2013/14 - 15/16
2.22iv	Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check-Persons	40.32	48.59	2013/14 - 15/16
2.22v	Cumulative percentage of the eligible population aged 40-74 who received an NHS Health check-Persons	22.46	27.42	2013/14 - 15/16
2.23i	Self-reported wellbeing - people with a low satisfaction score-Persons	5.27	4.55	2015/16
2.23ii	Self-reported wellbeing - people with a low worthwhile score-Persons	4.23	3.55	2015/16
2.23iii	Self-reported wellbeing - people with a low happiness score-Persons	10.82	8.75	2015/16
2.23iv	Self-reported wellbeing - people with a high anxiety score-Persons	20.79	19.37	2015/16
2.24i	Injuries due to falls in people aged 65 and over-Persons	1402.00	2124.61	2014/15
2.24i	Injuries due to falls in people aged 65 and over-Male	1134.49	1739.76	2014/15
2.24i	Injuries due to falls in people aged 65 and over-Female	1669.51	2509.46	2014/15
2.24ii	Injuries due to falls in people aged 65 and over - aged 65-79-Persons	716.14	1011.97	2014/15
2.24ii	Injuries due to falls in people aged 65 and over - aged 65-79-Male	533.23	825.71	2014/15
2.24ii	Injuries due to falls in people aged 65 and over - aged 65-79-Female	899.06	1198.22	2014/15
2.24iii	Injuries due to falls in people aged 65 and over - aged 80+-Persons	3390.98	5351.28	2014/15
2.24iii	Injuries due to falls in people aged 65 and over - aged 80+-Male	2878.15	4390.51	2014/15
2.24iii	Injuries due to falls in people aged 65 and over - aged 80+-Female	3903.81	6312.04	2014/15

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Domain 3 - Health protection				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
3.01	Fraction of mortality attributable to particulate air pollution-Persons	4.03	4.72	2015
3.02	Chlamydia detection rate (15-24 year olds)-Persons	2013.00	1887.00	2015
3.02	Chlamydia detection rate (15-24 year olds)-Male	1236.10	1276.00	2015
3.02	Chlamydia detection rate (15-24 year olds)-Female	2845.80	2492.10	2015
3.03i	Population vaccination coverage - Hepatitis B (1 year old)-Persons	100.00	-	2014/15
3.03i	Population vaccination coverage - Hepatitis B (2 years old)-Persons	83.33	-	2014/15
3.03iii	Population vaccination coverage - Dtap / IPV / Hib (1 year old)-Persons	96.38	93.56	2015/16
3.03iii	Population vaccination coverage - Dtap / IPV / Hib (2 years old)-Persons	97.40	95.20	2015/16
3.03iv	Population vaccination coverage - MenC-Persons	97.06	-	2015/16
3.03v	Population vaccination coverage - PCV-Persons	95.90	93.50	2015/16
3.03vi	Population vaccination coverage - Hib / MenC booster (2 years old)-Persons	94.70	91.60	2015/16
3.03vi	Population vaccination coverage - Hib / Men C booster (5 years old)-Persons	94.60	92.60	2015/16
3.03vii	Population vaccination coverage - PCV booster-Persons	95.03	91.53	2015/16
3.03viii	Population vaccination coverage - MMR for one dose (2 years old)-Persons	95.08	91.92	2015/16
3.03ix	Population vaccination coverage - MMR for one dose (5 years old)-Persons	96.10	94.80	2015/16
3.03x	Population vaccination coverage - MMR for two doses (5 years old)-Persons	91.60	88.20	2015/16
3.03xii	Population vaccination coverage - HPV vaccination coverage for one dose (females 12-13 years old) - Female	91.34	89.43	2014/15
3.03xiii	Population vaccination coverage - PPV-Persons	67.30	70.11	2015/16
3.03xiv	Population vaccination coverage - Flu (aged 65+)-Persons	71.12	70.99	2015/16
3.03xv	Population vaccination coverage - Flu (at risk individuals)-Persons	49.07	45.14	2015/16
3.03 xvii	Population vaccination coverage - Shingles vaccination coverage (70 years old)-Persons	50.69	54.88	2015/16
3.03xviii	Population vaccination coverage - Flu (2-4 years old)-Persons	30.91	34.36	2015/16
3.04	HIV late diagnosis -Persons	40.00	40.31	2013 - 15
3.05i	Treatment completion for TB -Persons	-	84.45	2014
3.05ii	Incidence of TB-Persons	5.11	11.96	2013 - 15
3.06	NHS organisations with a board approved sustainable development management plan-Not applicable	60.00	56.51	2014/15
3.08	Adjusted antibiotic prescribing in primary care by the NHS-Persons	1.09	1.10	2015

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Domain 4 - Healthcare and premature mortality				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
4.01	Infant mortality-Persons	6.50	3.89	2013 - 15
4.02	Proportion of five year old children free from dental decay -Persons	77.02	75.20	2014/15
4.03	Mortality rate from causes considered preventable-Persons	202.53	184.46	2013 - 15
4.03	Mortality rate from causes considered preventable-Male	251.63	232.46	2013 - 15
4.03	Mortality rate from causes considered preventable-Female	155.24	139.64	2013 - 15
4.04i	Under 75 mortality rate from all cardiovascular diseases-Persons	79.18	74.65	2013 - 15
4.04i	Under 75 mortality rate from all cardiovascular diseases-Male	108.36	104.71	2013 - 15
4.04i	Under 75 mortality rate from all cardiovascular diseases-Female	51.14	46.20	2013 - 15
4.04ii	Under 75 mortality rate from cardiovascular diseases considered preventable-Persons	49.81	48.09	2013 - 15
4.04ii	Under 75 mortality rate from cardiovascular diseases considered preventable-Male	70.06	72.45	2013 - 15
4.04ii	Under 75 mortality rate from cardiovascular diseases considered preventable-Female	30.34	25.04	2013 - 15
4.05i	Under 75 mortality rate from cancer-Persons	152.62	138.78	2013 - 15
4.05i	Under 75 mortality rate from cancer-Male	178.21	154.84	2013 - 15
4.05i	Under 75 mortality rate from cancer-Female	128.51	123.93	2013 - 15
4.05ii	Under 75 mortality rate from cancer considered preventable-Persons	89.47	81.12	2013 - 15
4.05ii	Under 75 mortality rate from cancer considered preventable-Male	102.39	88.38	2013 - 15
4.05ii	Under 75 mortality rate from cancer considered preventable-Female	77.44	74.48	2013 - 15
4.06i	Under 75 mortality rate from liver disease-Persons	22.67	17.98	2013 - 15
4.06i	Under 75 mortality rate from liver disease-Male	28.45	23.71	2013 - 15
4.06i	Under 75 mortality rate from liver disease-Female	17.04	12.49	2013 - 15
4.06ii	Under 75 mortality rate from liver disease considered preventable-Persons	21.05	15.89	2013 - 15
4.06ii	Under 75 mortality rate from liver disease considered preventable-Male	26.51	21.36	2013 - 15
4.06ii	Under 75 mortality rate from liver disease considered preventable-Female	15.74	10.64	2013 - 15
4.07i	Under 75 mortality rate from respiratory disease-Persons	39.44	33.07	2013 - 15
4.07i	Under 75 mortality rate from respiratory disease-Male	42.13	38.51	2013 - 15
4.07i	Under 75 mortality rate from respiratory disease-Female	36.87	27.98	2013 - 15
4.07ii	Under 75 mortality rate from respiratory disease considered preventable-Persons	22.94	18.09	2013 - 15
4.07ii	Under 75 mortality rate from respiratory disease considered preventable-Male	25.51	20.26	2013 - 15
4.07ii	Under 75 mortality rate from respiratory disease considered preventable-Female	20.50	16.07	2013 - 15

RED: Telford & Wrekin position statistically significantly worse than the England average or goal

AMBER: Telford & Wrekin position statistically significantly similar to the England average or goal

GREEN: Telford & Wrekin position statistically significantly better than the England average or goal

Domain 4 - Healthcare and premature mortality				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
4.08	Mortality rate from a range of specified communicable diseases, including influenza -Persons	6.98	10.48	2013 - 15
4.08	Mortality rate from a range of specified communicable diseases, including influenza -Male	-	11.53	2013 - 15
4.08	Mortality rate from a range of specified communicable diseases, including influenza -Female	-	9.63	2013 - 15
4.09i	Excess under 75 mortality rate in adults with serious mental illness-Persons	553.70	370.00	2014/15
4.09ii	Proportion of adults in the population in contact with secondary mental health services -Persons	5.92	5.36	2014/15
4.10	Suicide rate-Persons	10.95	10.15	2013 - 15
4.10	Suicide rate-Male	17.00	15.84	2013 - 15
4.10	Suicide rate-Female	-	4.74	2013 - 15
4.11	Emergency readmissions within 30 days of discharge from hospital-Persons	11.45	11.78	2011/12
4.11	Emergency readmissions within 30 days of discharge from hospital-Male	11.57	12.13	2011/12
4.11	Emergency readmissions within 30 days of discharge from hospital-Female	11.27	11.46	2011/12
4.12i	Preventable sight loss - age related macular degeneration (AMD)-Persons	135.86	118.08	2014/15
4.12ii	Preventable sight loss - glaucoma-Persons	15.63	12.82	2014/15
4.12iii	Preventable sight loss - diabetic eye disease-Persons	4.20	3.23	2014/15
4.12iv	Preventable sight loss - sight loss certifications-Persons	43.67	42.38	2014/15
4.13	Health related quality of life for older people-Persons	0.71	0.73	2015/16
4.14i	Hip fractures in people aged 65 and over-Persons	548.02	571.34	2014/15
4.14i	Hip fractures in people aged 65 and over-Male	394.30	425.07	2014/15
4.14i	Hip fractures in people aged 65 and over-Female	701.73	717.62	2014/15
4.14ii	Hip fractures in people aged 65 and over - aged 65-79-Persons	250.61	239.18	2014/15
4.14ii	Hip fractures in people aged 65 and over - aged 65-79-Male	102.94	166.78	2014/15
4.14ii	Hip fractures in people aged 65 and over - aged 65-79-Female	398.27	311.57	2014/15
4.14iii	Hip fractures in people aged 65 and over - aged 80+-Persons	1410.50	1534.63	2014/15
4.14iii	Hip fractures in people aged 65 and over - aged 80+-Male	1239.25	1174.08	2014/15
4.14iii	Hip fractures in people aged 65 and over - aged 80+-Female	1581.76	1895.17	2014/15
4.15i	Excess winter deaths index (single year, all ages)-Persons	31.37	27.67	Aug 2014 - Jul 2015
4.15i	Excess winter deaths index (single year, all ages)-Male	42.52	23.56	Aug 2014 - Jul 2015
4.15i	Excess winter deaths index (single year, all ages)-Female	20.88	31.59	Aug 2014 - Jul 2015

RED: Telford & Wrekin position statistically significantly worse than the England average or goal

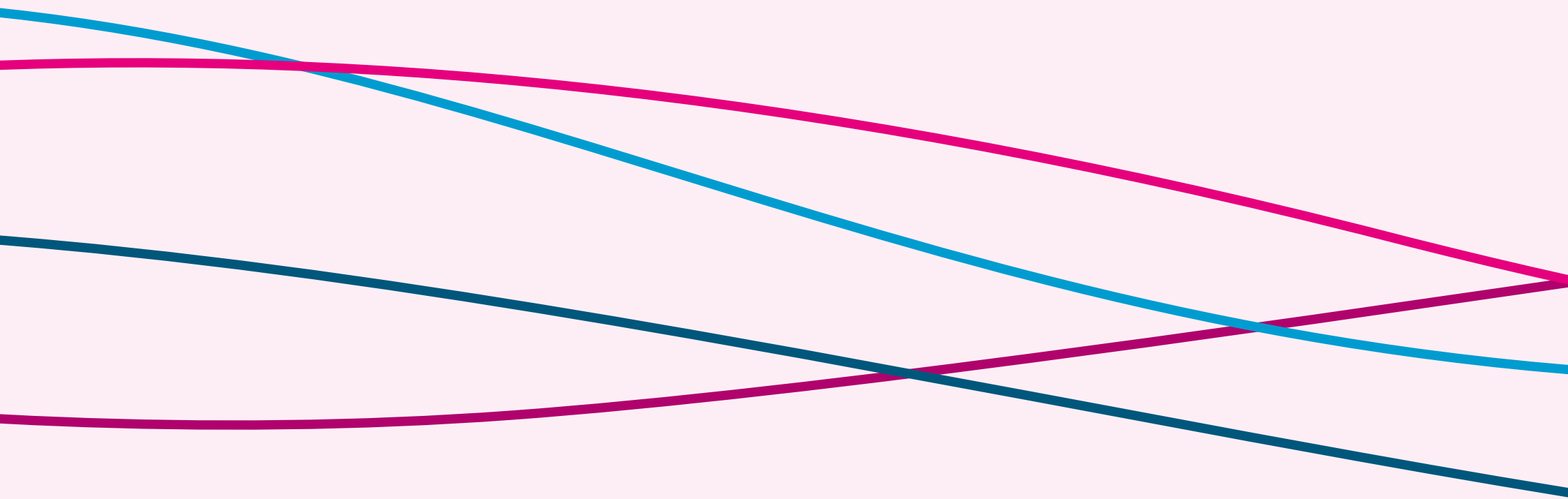
AMBER: Telford & Wrekin position statistically significantly similar to the England average or goal

GREEN: Telford & Wrekin position statistically significantly better than the England average or goal

Domain 4 - Healthcare and premature mortality				
Ref.	Indicator	Telford and Wrekin average	England average	Time period
4.15ii	Excess winter deaths index (single year, age 85+)-Persons	36.00	40.09	Aug 2014 - Jul 2015
4.15ii	Excess winter deaths index (single year, age 85+)-Male	39.29	36.27	Aug 2014 - Jul 2015
4.15ii	Excess winter deaths index (single year, age 85+)-Female	34.04	42.38	Aug 2014 - Jul 2015
4.15iii	Excess winter deaths index (3 years, all ages)-Persons	23.08	19.56	Aug 2012 - Jul 2015
4.15iii	Excess winter deaths index (3 years, all ages)-Male	33.17	16.64	Aug 2012 - Jul 2015
4.15iii	Excess winter deaths index (3 years, all ages)-Female	13.78	22.36	Aug 2012 - Jul 2015
4.15iv	Excess winter deaths index (3 years, age 85+)-Persons	32.93	28.19	Aug 2012 - Jul 2015
4.15iv	Excess winter deaths index (3 years, age 85+)-Male	36.84	26.55	Aug 2012 - Jul 2015
4.15iv	Excess winter deaths index (3 years, age 85+)-Female	30.67	29.17	Aug 2012 - Jul 2015
4.16	Estimated diagnosis rate for people with dementia-Persons	-	52.50	2013/14

Source: www.phoutcomes.info

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